# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1-15**, **2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

(Z)	0	0	-

Calefornia	•				OMB Approval No. 0348-0043
_ Calefornia Clearing - fax: 916-3	shouse -	2. DAT	E SUBMITTED (	07/31/2003	Applicant Identifier
- tax: 916-3		3. DAT	E RECEIVED BY	STATE	State Application Identifier
	tion	4. DAT	E RECEIVED BY	FEDERAL AGENCY	Federal Identifler A 009019-03-0
5. APPLICANT INFORM	ATION	<u> </u>			
Legal Name: Santa Barb	ara County Air Pollution C	ontrol Dis	strict	Organizational Unit; Ai	r Pollution Control District
Address (give city, count 26 Castilian Drive, B-23 P O Box 8120 Goldia, CA 93118		a, ca	93160·647	involving this application John M. Micholas, (8	
6. EMPLOYER IDENTIF	ICATION NUMBER (EIN):				T: (enter appropriate letter in box) [B] 4 1 1 64
8. TYPE OF APPLICATION If Revision, enter appr	ON: [X] New [] C	[7][7]-[0] ontinuati [		A. State H. B. Countyl. Ştate Contr C. Municipal J. F D. Township K, E, Interstate L. I F. Intermunicipal M.	Independent School Dist. rolled Institution of Higher Learning Private University Indian Tribe Individual Profit Organization
	vard B. Decrease Award ouration Other (specify):	C. Increa	se Duration	G. Special District N.	
10. CATALOG OF FEDE ASSISTANCE NUMB TITLE: Air Pollution (	ER: Control Program		e][ e]-[ o][ o][ 1]		77 mm 1
Santa Barbara County				DISTRICTS OF: APR	5 2004
Start Date 10-01-03	Ending Date 09-30-04	a. App		(3)	b. Project DIA Santa Barbara County
15. ESTIMATED FUNDII	NG:		16. IS APPLICA PROCESS?	TION SUBJECT TO REV	ATTINUTION OF THE EXECUTIVE ORDER 12372  B. YES:THIS PREAPPLICATION/APPLICATION WAS DATE  B. NO:  1 OR PROGRAM HAS NOT BEEN SELECTED BY
a, FEDERAL	\$	494,297		· · · · · · · · · · · · · · · · · · ·	
b. APPLICANT	\$ 3,	906,495			
c. STATE		103,260			gned; Doug Allardretired
d. LOCAL	\$	.00	71	Terence Dr	ressler is APC Director
e. OTHER	\$	.00	(	see letters.	from L. Alexander w/ checklist
f. PROGRAM INCOME	\$	.00	/	LICANT DELINQUENT C YES" ATTACH AN EXPL	ON ANY FEDERAL DEBT?
g. TOTAL	\$ 4,	504,052			
DOCUMENT HAS BEEN ATTACHED ASSURANCE	DULY AUTHORIZED BY	THE GO	VERNING BODY RDED.	APPLICATION/PREAPPL OF THE APPLICANT AN	ICATION ARE TRUE AND CORRECT. THE D THE APPLICANT WILL COMPLY WITH THE
<del></del>	Nicholas	/ b. Tit	lle Busines	AUG 0 1	с. Telephone пиmber (805) 961-8854
d. Signature of Authoriz	un				e. Date Signed 7/3//13
Previous Editions Not Usa	ble	)		GMO, PIV	D-7 Sandard Form 424 (REV 4-88

APPLICATION FOR				OMB A	pproval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED  March 20	0, 2004	licant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
	Preapplication				
l {	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction	1			
Legal Name:			Organizational Unit:		
Shadow Acres M. Address (give city, county, State, &	utual Water	Co. Inc.			
P.O. Box 90			this application (give a	number of person to be contact	ed on matters involving
	CLA Count	y) 93551		rimm 818=	554-4694
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):			NT: (enter appropriate letter in	
95-3502	032		A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	of Higher Learning
<b>∑</b> New	☐ Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate letter	r(s) in box(es)		D. Township E. Interstate	K. Indian Tribe L. Individual	
, , , , , , , , , , , , , , , , , , ,			F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Decre D. Decrease Duration Other(sp	ease Award C. Increase pecify):	Duration	G. Special District	N. Other (Specify) Non Pr	ofit Corp.
			9. NAME OF FEDERA	AL AGENCY:	s.
			1/15D	A. Rural Dei	velopment
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TIT	THE OF APPLICANT'S PROJE	ECT:
	·	10-766	Mutual w	ater system	uparades.
adulated has	. <b>L</b>		Engineerin	n. ren well	Dump
TITLE: 12. AREAS AFFECTED BY PRO.	IFCT (Cities Counties Sta	ates atc.):	mall eita	hlandin	To the
Palmdale L.	A. County,	Calif.	upgrades	ater system on a new well blending, elements of the emergency	geneautor.
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
System Upgrades		Sixth Distr	ict		·
5-03 6-05	a. Applicant /		b. Project		
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY S	FATE EXECUTIVE
a. Federal	\$	00	ORDER 12372 PR	ROCESS?	
a. rederar	* 44	7.450	a YES THIS PREA	APPLICATION/APPLICATION	WAS MADE
b. Applicant	\$ 50	0,000	AVAILABLE	TO THE STATE EXECUTIVE FOR REVIEW ON:	The second secon
c. State	ANED	.00	DATE		
d. Local	1 4 2004	.00	b. No. PROGRA	AM IS NOT COVERED BY E. O	). 12372
e. Other	\$ HOUSE	.00	OR PRO	GRAM HAS NOT BEEN SELE IJEW	CTED BY STATE
f. Program Income STATE C	EARING HOUSE	.00	17 IS THE ADDITION	NT DELINQUENT ON ANY FE	DEDAL DEDTO
g. TOTAL	\$ 2000	17 11 00	1		j
18. TO THE BEST OF MY KNOW		7, 450°		attach an explanation.	No No
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GO	OVERNING BODY OF TH	E APPLICANT AND TI	HE APPLICANT WILL COMPL	.Y WITH THE
a. Type Name of Authorized Repr	<del></del>	b. Title		c. Telephone Number	
John Eric Gr	imm	Director	•	818-554-46	,94
d. Signature of Authorized Repres	sentative -		,	e. Date Signed	
John Crue	1			3-20-04	

FEDERAL ASSISTANCE	E	2. DATE SUBMITTED March 29, 2004		Applicant Identifier		
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier	
Application  Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier	
Non-Construction	Non-Construction					Production in the stage where the party and the stage of the stage of the stage of
5. APPLICANT INFORMATION Legal Name:			Organizational Un	it:		
City of Lindsay			Department:			***************************************
Organizational DUNS:			Division:			
004953261 Address:			Name and telepho	ne number of pe	rson to be contac	ted on matters
Street:			involving this app	lication (give are		
251 E. Honolulu			Prefix:	First Name: Scot		
City: Lindsay			Middle Name B.			
County: Tulare			Last Name Townsend			
State: CA	Zip Code 93247		Suffix:			
Country: USA			Email: scotbtownsend@lin	ndsay.ca.us		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give		Fax Number (give	area code)
94-6000357	7		559-562-7103		559-562-7100	
8. TYPE OF APPLICATION:	<del></del>		7. TYPE OF APPLI	CANT: (See back	k of form for Applica	ation Types)
If Revision, enter appropriate let		on Revision	C - Municipal			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)		''	9. NAME OF FEDE USDA Rural Develo			and the second s
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT	•
	,	1 0 - 7 6 9	Address: 104 Apia,			nach.
TITLE (Name of Program):		لبدائد الدالد	development.	iprovements to as	sist in business pro	ррепу
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):	-			
Lindsay, Tulare County, Californ						
13. PROPOSED PROJECT			14. CONGRESSION	NAL DISTRICTS		
Start Date: Oct. 2004	Ending Date: Feb. 2005		a. Applicant 21		b. Project 21	
15. ESTIMATED FUNDING:		and the second s	16. IS APPLICATION ORDER 12372 PRO		REVIEW BY STAT	E EXECUTIVE
a. Federal \$		44,266	THIS P	REAPPLICATION	/APPLICATION W	
USDA b. Applicant	TATINE			SS FOR REVIEW	ATE EXECUTIVE ( V ON	JRDER 12372
b. Applicant	RECEIVE	15,500	DATE	3/29/04		
c. State	APR 1 4 2	004				070
d. Local S			b. No.		'ERED BY E. O. 12	
e. Other S	STATE CLEARING	HOUSE	FOR RE	EVIEW	T BEEN SELECTE	
f. Program Income	STATE CLEARING		17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDE	RAL DEBT?
g. TOTAL \$		59,766	Yes If "Yes" atta			
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	F, ALL DATA IN THIS API	PLICATION/PREAPPI	LICATION ARE T	RUE AND CORRE	CT. THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS	AWARDED.	THE APPEICANT AN	b the Atterda		
a. Authorized Representative Prefix			Midd	le Name		
	First Name Scot		B. Suffix			
Last Name Townsend						
b. Title City Manager				lephone Number 562-7103	(give area code)	
d Signature of Authorized Repre	sentative			ite Signed ch 26, 2004		
Prévious Saltienr (sable			· Walt		Standard Form	124 (Rev.9-2003)
Authorized for Local Reproduction	on Z				Prescribed by OM	D CHOULD A-102

Untitled Document Page 1 of 1

APPLICATION FO		2. DATE SU 4/11/2004	BMITTED	Applicant identifier		
1. TYPE OF SUBMISSION: Application Construction Non-Construction	Preapplication Construction Non-Construction		CEIVED BY STATE	State Application Iden	tifier	
5. APPLICANT INFOR	I RMATION	<u></u>				
Legal Name: Maria Steel			Organizational Unit: Creative	Manu Daziane		
Address (give city, county		ited States	Name and telephone number application (give area code) Maria Steele 714-366-3885		cted on matters involving this	
8. TYPE OF APPLICA New Continua If Revision, enter appropri	riate letter(s) in box(es)  B. Decrease Award		B. County I. State C	ndent School Dist. controlled Institution of University Tribe ual Organization (Specify):  GENCY:	Higher Learning	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-550 TITLE: Public Telecommunications Facilities Program  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): anaheim, Orange County California			11. DESCRIPTIVE TITLE New Business Equipments, A		RECEIVED APR 1 4 2004	
13. PROPOSED PRO	JECT		14. CONGRESSIONAL D	ISTRICTS OF:	STATE CLEARING HOUS	
Start Date 4/11/2004	Ending Date 4/11/2004		a. Applicant Orange County	b. Project Anaheim		
15. ESTIMATED FUN	DING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
a. Federal	\$ 15,000.00		ORDER 12372 PROCESS?			
b. Applicant	\$		a. YES.THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE			
c. State	\$ 15,000.00		<b>TO</b> THE STATE REVIEW ON:	EXECUTIVE ORDER	12372 PROCESS FOR	
d. Local	\$		DATE 4/11/2004			
e. Other	\$ 10,000.00		b. No. PROGRAM		i	
f. Program Income	\$		L. OR PROGR REVIEW.	KAM HAS NOT BEEN	SELECTED BY STATE FOR	
g. TOTAL \$40,000.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  Yes Vo No (If "Yes", attach an explanation.)			
CORRECT, THE DOC	UMENT HAS BEEN DU	LY AUTHOR	L DATA IN THIS APPLICA IZED BY THE GOVERNING IRANCES IF THE ASSISTA	BODY OF THE AP	PLICANT AND THE	
a. Type Name of Authori Maria Steele	zed Representative		b. Title Owner	c. Telephone Nu 714-366-3885	mber	
d. Signature of Authorized Representative				e. Date Signed		

			-	-	-
/e	rc	n	//	11	1

APPLICATION FOR		2. DATE SUBMITTED		Applicant Ide	Version 7/03
FEDERAL ASSISTANCE					
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	ation Identifier
© Construction	© Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Iden	tifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Organizationa	l Unit	
Legal Name: CSU, Chico Research Found	ation		Department:		
Organizational DLINS:			Division:		v
61-21	7-7162		Name and tale	nhone number of r	person to be contacted on matters
Address: Street:			involving this	application (give a	rea code)
Kendall Hall, Room	114		Prefix:	First Name:	Dan
City: Chico		,	Middle Name		
County: Butte				Ripke	
State: CA	Zip Code 95929-0	870	Suffix:		
Country:		*	Email: dripke	e@csuchico.edı	1
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			(give area code)	Fax Number (give area code)
68 - 0386518	, ,		530-898	-4598	530-898-4734
8. TYPE OF APPLICATION:			7. TYPE OF AI	PPLICANT: (See ba	ack of form for Application Types)
☑ Nev		n 🔲 Revision	0		
If Revision, enter appropriate lett (See back of form for description			Other (specify)		
Other (specify)			9. NAME OF F	EDERAL AGENCY:	USDA
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APP	LICANT'S PROJECT:
		<b>-</b> 10.769	Center for	r Economic De	evelopment Northern
TITLE (Name of Program): Rura	al Development Grants		California	Entrepreneur	Development Program
12. AREAS AFFECTED BY PR			-		
17 county region of Northe	ern California				
13. PROPOSED PROJECT				SIONAL DISTRICT	S OF:
Start Date: 07/01/04	Ending Date: 06/3	30/05	1	econd	b. Project
15. ESTIMATED FUNDING:				DD00E000	O REVIEW BY STATE EXECUTIVE
a. Federal \$	Piece Piece	150,000 <sup>.00</sup>	T	IIS PREAPPLICATIO	DN/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
b. Applicant	CEIVED	15,000 <sup>.00</sup>		ROCESS FOR REVI	
c. State \$	ADD 1 4 2004	.00	DA	ATE:	
d. Local \$	APR 1 4 2004	.00	b. No. $\square$ PF	ROGRAM IS NOT CO	OVERED BY E. O. 12372
e. Other \$	E CLEARING HOUS	3E .00			OT BEEN SELECTED BY STATE
f. Program Income	ECLEANINGTIO	.00	17. IS THE AP	OR REVIEW PLICANT DELINQU	IENT ON ANY FEDERAL DEBT?
g. TOTAL \$		165,000 .00		" attach an explanati	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	, ALL DATA IN THIS API GOVERNING BODY OF	PLICATION/PRE THE APPLICAN	APPLICATION ARE T AND THE APPLIC	TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
a. Authorized Representative	**			8 4: 4 - N	
Prefix	First Name Jeff		-at-	Middle Name	
Last Name Wright				Suffix	
b. Title Director, Office of	Sponsored Progra	ms		c. Telephone Number (530) 898-5700	er (give area code)
d. Signature of Authorized Repre	sentative			e. Date Signed	26/14
Previous Edition Usable  Authorized for Local Reproductive	1 .				Standard Form 424 (Rev.9-2003)  Prescribed by OMB Circular A-102

<b>APPLICATION</b>	I FOR					OMB Approval No. 0348-004
FEDERAL ASS	SISTAN	ICE	2	. date submitted April 9	, 2004	Applicant Identifier
1. TYPE OF SUBMISS	SION:		3	. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction Non-Construction		Preapplication Construction Non-Constructio	- 1	. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFOR	MATION					
Legal Name: Experience W					Organizational Unit: Experience W	
Address (give city, cou	-				Name and telephone of this application (give a	number of person to be contacted on matters involving
2200 Clarendo Arlington, VA		, Suite 1000				oten, 703-522-7272
6. EMPLOYER IDENT  5 2 - 0 8  8. TYPE OF APPLICA  If Revision, enter appro	8 1 7 TION:	9 5 5	on 📄	Revision	A. State B. County C. Municipal D. Township E. Interstate	H. Independent School Dist.  I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual
A. Increase Award D. Decrease Duration			crease [	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Private Non-profit
, D. Desirous Burane.	• • • • • • • • • • • • • • • • • •				9. NAME OF FEDERA	AL AGENCY:
***************************************					US Dept. of Labo	or, ETA Division, Older Worker Division
10. CATALOG OF FEI	DERAL DO	MESTIC ASSISTAN	CE NUM	IBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:
12. AREAS AFFECTE Multiple Counties	- See Se	ection III - Geogra	nploymes, State	s, etc.): reas to be Served	(SCSEP), "This popportunities in concept income persons and income persons are serious are se	ty Service Employment Program project will provide subsidized, part-time community service employment for low age 55 and over".
13. PROPOSED PRO	JECT	14. CONGRESSION	AL DIST	RICTS OF:		
l i	g Date 30/05	a. Applicant			b. Project	
15. ESTIMATED FUND					16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE COCESS?
a. Federal		\$	85,9	995,795	4	APPLICATION/APPLICATION WAS MADE
b. Applicant c. State	FCF	IVED		00		FOR REVIEW ON:
11,				•	DATE	04/09/04
d. Local	APR	<b>§</b> 4 2004			<b>∃</b> ==	M IS NOT COVERED BY E. O. 12372
e. Other ST f. Program Income		ARING HOUSE	9,	555,088	FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE (IEW
n. Program income		Φ		•	17. IS THE APPLICA!	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		\$		550,883 ·		attach an explanation.
	EN DULY	AUTHORIZED BY TH	IE GOV	ERNING BODY OF TH		TON ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Autho Sally Boofer			b	. Title Director of Program	n Operations	c. Telephone Number (703) 522-7272
d. Signature of Authoriz	zed Repres	entative				e. Date Signed 4/8/04

APPLICATION FOR				- 0MB Approval No. 0348-004
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier
LENEUVE VOOIG IVI		4-15-04		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
	Preapplication			
Construction     ✓	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier CH11184_
Non-Construction	Non-Construction			CHIII
5. APPLICANT INFORMATION			Organizational Unit:	
Legal Name: Adventist Health S	Syctom /West		Information	Systems
Advencist Health S Address (give city, county, State,			9	number of person to be contacted on matters involving
Roseville	www.	•	this application (give a	
Placer County, Cal	liforn1a 95661		Linda McCra	y (916-781 <b>-</b> 4602)
	Description of the second	B B E I W	THE OF ADDITO	NT- (actor engaged and lamas in how)
G. EMPLOYER IDENTIFICATION	A	E G E I V	7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
95 — 34 84	5 8 9		A State	H. Independent School Dist.
8. TYPE OF APPLICATION:		APR 1.4-2004	B County	I, State Controlled Institution of Higher Learning
	Cominuation	☐ Reviein	C Municipal	J. Private University
X New	Continuation		D Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)	FF OF ENDING !	E mersiate	L. Individual
	DIA	e Duration	G. Special District	M. Profit Organization N. Other (Specify) NFP Healthcare
14441040074400	rease Award	e Duration	G. Special District	Corporation
D. Debiease Dalation Calenta	pouny).		9. NAME OF FEDERA	AL AGENCY:
			Department	of Energy
10. CATALOG OF FEDERAL D	DMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		81 - 049		
	Science			ng Patient Care Through
	Assistance Pro		Information	n Technology
12 AREAS AFFECTED BY PRO		8165, 61C.);		
Roseville (Placer	County) CA.			
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
10. PROPOSED PRODUCT	14, CONGILECTIONAL C			
Start Date Ending Date	a. Applicant		b. Project	•
7-1-2004 6-30-200	4		4	
18. ESTIMATED FUNDING:			i e	SUBJECT TO REVIEW BY STATE EXECUTIVE
	T	86	ORDER 12372 P	HOCESSY
a. Federal	\$ 483,000	. •	A YES THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	66		E TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	•	•		FOR REVIEW ON:
c. State	\$	<b>60</b>	7	04/14/04
•			DATE	
d. Local	\$	86	H No 12 DOGGE	IAM IS NOT COVERED BY E. O. 12972
		<del></del>		OGRAM HAS NOT BEEN SELECTED BY STATE
e. Other	\$	• •	FOR RE	
	-	00	-	
I. Program Income	\$	•	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	80	7 700 If "Yes."	'attach an explanation.
	483,000		_	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS APPL	CATION/PREAPPLICA	ATION ARE TRUE AND CORRECT, THE
ATTACHED ASSURANCES I	Y AUTHORIZED BY THE (	10VEHNING BODY OF II VARDED.	HE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE
B. Type Name of Authorized Re		b. Title		c. Telephone Number 916-781-4725
Donald R. Ammon		President &	CEO	
d. Signature of Authorized Rep.	espirative			e. Date Signed 4-9-04

APPLICATION FOR		2. DATE SUBMITTED		l Anniinant Ida	Version 7/03
FEDERAL ASSISTANCE			oril 9, 2004	Applicant Ider	ntner
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	_
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	N / A fier
Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizationa	l Unit	
Senior Service Americ	a Inc		Department:	Senior AIDES Pro	OCCAM
Organizational DUNS:	u, 1110.		Division:	Denior Aible ire	Jy Lan
84-98	5-4310				
Address: Street:				phone number of pe application (give are	rson to be contacted on matters a code)
8403 Colesville Road,	Suite 1200		Prefix:	First Name:	Anthony
City: Silver Spring			Middle Name	R.	
County:			Last Name		
Montgomery County State:	Zip Code		Suffix:	Sarmiento	
MD	20910				
Country: USA			Email:   tsarmi	en@ssa-i.org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number		Fax Number (give area code)
52-6048236			301/578-8	469	301/578-8947
8. TYPE OF APPLICATION:			7. TYPE OF AF	PPLICANT: (See back	of form for Application Types)
<b>X New</b> If Revision, enter appropriate lette		n 🗌 Revision	N		
(See back of form for description			Other (specify)	nonprofit 501(c	) (3)
Other terres (to)					, (3)
Other (specify)				<b>EDERAL AGENCY:</b> tment of Labor -	ETA
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		IVE TITLE OF APPLI	
		17-235	Senior AIDES	S Program: To pr	omote part-time service
TITLE (Name of Program): Sen	or Community Serv				activities for unemployed lder; foster individual
12. AREAS AFFECTED BY PRO	) T CITII	States etc.):	economic se:	lf-sufficiency;	and increase the number
23 states and the Distr	•	·	of seniors ( employment.	to enjoy the ben	efits of unsubsidized
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant	n - MD	b. Project
07/01/04 15. ESTIMATED FUNDING:	06/30/05				see attached REVIEW BY STATE EXECUTIVE
- F-J lf			ORDER 12372	PROCESS?	
a. Federal \$	50,1	.00 .34 <b>,</b> 721			VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	IN/ETT B,	.00 570,525	PR	OCESS FOR REVIEW	VON
c. State	Description Description Description	.00	DA	TE: 04/09/04	
d. Local AFR	1 3 2004	.00	b. No. 🛭 PR	OGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		.00		PROGRAM HAS NOT R REVIEW	T BEEN SELECTED BY STATE
f. Program Income STATE GL	EARING HOUSE	.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$	55,7	.00	☐ Yes If "Yes"	attach an explanation	. <b>x</b> No .
18. TO THE BEST OF MY KNOW					
ATTACHED ASSURANCES IF T			TE APPLICANT	AND THE APPLICA	WI WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name			Middle Name	
Mr.	Anthony	*		R.	
Last Name Sarmiento		**************************************		Suffix	
o. Title Executive Director	10		k	c. Telephone Number 301/578-8469	(give area code)
d. Signature of Mathorized Repres	entalive		•	Data Signad 11	9/04
10001	- <u>y</u>	***************************************		'.	[10]

oming .

4-6-04

# APPLICATION FOR FEDERAL ASSISTAN

FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED April 5, 2004		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier	
Application	Preapplication	OF BATE REGERVED BY	OTATE	State / Application recommen	
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
☐ Non-Construction	✓ Non-Construction				
5. APPLICANT INFORMATION					
Legal Name: Yuba-Sutter Econom	ic Development Co	orporation	Organizational Unit:		
Address (give city, county, State,		, porduon	Name and telephone	number of person to be contacted on matters involving	
1300 Franklin Road			this application (give a	· · · · · · · · · · · · · · · · · · ·	
Yuba City, CA 95993					
•	LAMBADED /E/A/\.			530-751-8555	
6. EMPLOYER IDENTIFICATION	*		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
6 8 - 0 3 4 2	1 4 5		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning	
New	☐ Continuation	Revision	C. Municipal	J. Private University	
			D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Decr	ease Award C. Increase	Duration	G. Special District	N. Other (Specify) Private Non-Profit	
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA		
			U.S. Department	_	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
		1 0 - 7 6 9	Feasibility Study: Peach Processing Plant for		
TITLE: Rural Busine	ss Enterprise Grants		Sutter/Yuba/Butt	e Peach Production	
12. AREAS AFFECTED BY PRO		tes, etc.):			
Butte, Sutter and Yuba Co	ounties of California				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
6/30/04 12/31/04	Distri	ct 2		District 2	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE	
- Fodoul	C	00	ORDER 12372 PF	ROCESS?	
a. Federal	SEIVED	67,500 <sup>°</sup>	a VES THIS PRE	APPLICATION/APPLICATION WAS MADE	
b. Applicant	SUL	.00	-1	E TO THE STATE EXECUTIVE ORDER 12372	
	2 2004	5,000	PROCESS	FOR REVIEW ON:	
c. State	MPR I	.00	DATE	04/05/04	
d. Local	APR I APRING HOUSE	.00			
e. Other	TEULE	00	4	AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE	
e. Other		24,000	FOR REV		
f. Program Income	\$	.00		NAT DELINOUENT ON ANY SEDERAL DEPTS	
g. TOTAL	\$	.00		NT DELINQUENT ON ANY FEDERAL DEBT?	
•	•	96,500		attach an explanation.	
				TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF			E AFFLICANT AND IT	TEAT FEIGARE WILL COMPLET WITH THE	
a. Type Name of Authorized Repr		b. Title		c. Telephone Number	
Tim Johnson	, , , , , ,	Executive Director		(530) 751-8555	
d. Signature of Authorized Repres	Price for	Line John	son	e. Date Signed Spril 5, 2004	
Previous Edition Usable Authorized for Local Reproduction	/ 1			St <b>á</b> ndard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102	



U.S. Department of Transportation

**Federal Transit Administration** 

# **Application for Federal Assistance**

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-Y114-01
Budget Number:	2 - Budget Pending Approval
Project Information:	Subgrantee Vehicles/Transit Facilities

# **Part 1: Recipient Information**

Project Number:	CA-90-Y114-01	
Recipient ID:	5566	
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY	
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932	
Telephone:	(213) 922-2459	and the latest temperature of the latest tem
Facsimile:	(213) 922-2476 DECEIVE	<b>:</b> D
Part 2: Proje	ct Information APR 1 2 20	104

# **Part 2: Project Information**

And which which is a companied graph each in the legal ling Magay process years paper in it is observable to company the company of the Angle An			STATE CLEARING HC	JUSE
Project Type:	Grant	Gross Project Cost:	\$0	
Project Number:	CA-90-Y114-01			
Project Description:	Subgrantee Vehicles/Transit	Adjustment Amt:	\$0 graduates and the second and the	
Project Description:	Facilities	Total Eligible Cost:	SO III	
Recipient Type:	Transit Authority	Total FTA Amt:	\$1,617,000	) second
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0	
Recipient Contact:	Steve Henley 213. 922.3093	Total Local Amt:	-\$1,617,000	
New/Amendment:	Amendment	Other Federal	\$0	
Amend Reason:	Increase Award			
in a reserving to the property of the Commission	a portugue de monte est proceditación del deminión de los destribucións de la del	Special Cond Amt:	\$0	
Fed Dom Asst. #:	илитерия об интернационный почение от почение от почение общений почений поче			
Sec. of Statute:		Special Condition:	None Specified	
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified	
Start/End Date:	Jan. 01, 2003 - Mar. 31, 2005	S.C. Eff. Date:	None Specified	
g as a secret control with high paper as a supported with the first inverse where the desired the desired the desired the secret to the secret	Security Control of the Control of t	Est. Oblig Date:	31-Jul-2004	
Recvd. By State:		Pre-Award		
EO 12372 Rev:		Authority?:	Yes	
Review Date:	Apr. 07, 2004	Fed. Debt		

Planning Grant?:	NO	Authority?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002	Final Budget?:	No.
Program Page:	324	New Property Control of Control o	
Application Type:	Electronic	Aude de motor de de la companya del companya del companya de la co	
		THE PROPERTY OF THE PROPERTY O	
Supp. Agreement?:	Yes		
Debt. Delinq. Details:		are entered to the control of the co	

#### **Urbanized Areas**

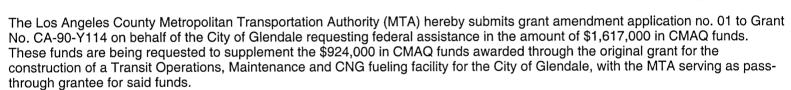
UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

#### **Congressional Districts**

State ID	District Code	District Official		
TO ALL TO COST OF THE REPORT OF THE PARTY OF				
6	29	Adam B Schiff		

#### **Project Details**

#### AMENDMENT NO. 01:



This amendment, when approved, will increase the federal funds for Grant No. CA-90-Y114 to \$5,985,469. The current total grant amount of \$14,993,368 will not change as the City of Glendale's project was substantially over-matched with local funds. The addition of the federal funds requested under this application will be used to reduce the local fund committed to the project, with the project continuing to be over-matched.

The federal funds being requested under this amendment were approved for allocation through the MTA's Call for Projects and are programmed in the currently approved FTIP. The funds have been successfully transferred to the FTA for administration.

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Proposition A & C Local Return formula funds are being used to match the federal funds. These funds are contained within the City's approved budget.

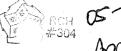
The required FY2004 FTA Certifications and Assurances have been electronically filed in TEAM.

A thorough review has been made of the Department of Labor's application checklist. All applicable information required by said checklist is present within this application.

#### SUBRECIPIENT INFORMATION

CITY OF GLENDALE 633 EAST BROADWAY





1 1 2004 -062 Approved 3/25/04 Version 7/02

SISTANCE  DBMISSION:		I	2. DATE SUBMITTED		Applicant Identifier	
		2 DATE DECEMED DV COLUMN		AIP3-06-0088 FCH FFY2004		
SIMO		Pre-application	3. DATE RECEIVED BY STATE  4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier  Federal Identifier	
uction	i					
Construction	1	Non-Construction				
LICANT INFO	RMATION					
/Name:				Organizational Unit Department:		
Y OF FRESNO				TRANSPORTATION		
Organizational DUNS 17-678-5079				Division: AIRPORTS		
Address: Street:				Name and telephon	e number of pe	erson to be contacted on matters
4995 EAST CLINTON	WAY			involving this applic	cation (give are First Name:	ea code)
City				MR	KEVIN	
City: FRESNO				Middle Name		
County: FRESNO				Last Name MEIKLE		
State:	Z	p Code		Suffix:		,
CA Country:		3727				
USA				Email: Kevin.Meikle@fresno	o.gov	
6. EMPLOYER IDENT		NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
94-6000				(559) 621-4536		(559)498-5549
8. TYPE OF APPLICA		Page.		7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
If Revision, enter appro	New	Continuation	Revision	C. MUNICIPAL		
(See back of form for d	escription of	letters.)	П	Other (specify)		
Other (specify)		- L	Ш	9. NAME OF FEDER	AL ACENCY.	
				FEDERAL AVIATION	ADMINISTRAT	TION
10. CATALOG OF FE	DERAL DO	MESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TI		
			20-106	FRESNO CHANDLER DOWNTOWN AIRPORT REHABILITATE TERMINAL BUILDING		
TITLE (Name of Progra AIRPORT INPROVEM	am): IENT PROGE	RAM (AIP)				& LIGHTED WIND SOCK
12. AREAS AFFECTE	D BY PROJ	ECT (Cities, Counties,	States, etc.):			·
COUNTIES OF FRESI	NO, MADER	A, TULARE, KINGS, M	ERCED, MARIPOSA			
13. PROPOSED PROJ Start Date:				14. CONGRESSIONA	L DISTRICTS	
10/2004		Ending Date: 9/2006		a. Applicant 18th		b. Project 18th
15. ESTIMATED FUND	DING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	\$		.00	ORDER 12372 PROC	ESS? EAPPLICATION	/APPLICATION WAS MADE
b. Applicant	\$	ANTENNA PARAMETERS	210,060	AVAILABI	LE TO THE STA	ATE EXECUTIVE ORDER 12372
	DIC	EN/ED	11,056	PROCES	S FOR REVIEW	/ ON
c. State	118	La IV	0.00	DATE: Th	nis Date	e de la companya de
d. Local	\$AP	R 1 2 2004	.00	b. No. 🗀 PROGRA	M IS NOT COV	ERED BY E. O. 12372
e. Other	\$	11 J. AV LOU!	.00		RAM HAS NOT	F BEEN SELECTED BY STATE
f. Program Income	C	TALIALIALIA	. 00	FOR REV	IEW	
	SIANEC	LEARING HOUSE		TIT. IS THE APPLICAN	NI DELINQUEN	IT ON ANY FEDERAL DEBT?
g. TOTAL	\$		221,116	Yes If "Yes" attach	an explanation.	. Vo
18. TO THE BEST OF I	MY KNOWLI	EDGE AND BELIEF, A	LL DATA IN THIS AP	PI ICATION/PREADDLIC	ATION ARE TI	DIE AND CODDECT. THE
DOCUMENT HAS BEEI ATTACHED ASSURAN	N DULY AU1	HORIZED BY THE GO	OVERNING BODY OF	THE APPLICANT AND	THE APPLICAN	NT WILL COMPLY WITH THE
a. Authorized Represen	tative					
Prefix First Name SEVERO			Middle I	Name		
ast Name ESQUIVEL			Suffix			
Title ///			c. Telen	hone Number (	give area code)	
IN LEKIM DIRECTOR C	NTERIM DIRECTOR OF TRANSPORTATION Signature of Authorized Representative			(559) 6	21-4500	· · · · · · · · · · · · · · · · · · ·
		//L	U	e. Date		-17-104
Previous Edition Usable						Standard Form 424 (Rev.9-2003)

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05-2004-058

104 Approved: 3/25/04

Version 7/03 **FEDERAL ASSISTANCE** 2. DATE SUBMITTED Applicant Identifier AIP3-06-0087FYI FFY2004 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Pre-application See Attached Sheet 4. DATE RECEIVED BY FEDERAL AGENCY Construction ☑ Construction Federal Identifier ☐ Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Department: TRANSPORTATION CITY OF FRESNO Organizational DUNS: Division: AIRPORTS Address: Name and telephone number of person to be contacted on matters Street: involving this application (give area code) 4995 EAST CLINTON WAY Prefix: First Name: KEVIN City: FRESNO Middle Name County: FRESNO Last Name MEIKLE State: Zip Code 93727 Suffix: Country: UNITED STATES Kevin.Meikle@fresno.gov 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) 94-6000338 559-621-4536 559-498-5549 8. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Types) ✓ New Continuation Revision C. MUNICIPAL If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Yosemite International Airport FAR P art 150 Noise 2 1-1 0 6 Compatibility Program Acoustically Treat Residences in the 65-75 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP) CNEL Contours of the NEM. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date: **Ending Date:** a. Applicant b. Project 10/2004 09/2006 18th 18th 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal THIS PREAPPLICATION/APPLICATION WAS MADE a. Yes. 🔲 2,000,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON 105.263 c. State DATE: d. Local PROGRAM IS NOT COVERED BY E. O. 12372 b. No. 🔲 e. Other 00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE **LEARING HOUSE** STATE FOR REVIEW f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes" attach an explanation. 2,105,263 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix MR. First Name SEVERO Middle Name Last Name ESQUIVEL Suffix c. Telephone Number (give area code) INTERIM DIRECTOR OF TRANSPORT, MONTA 559-621-4600 d. Signature of Authorized Representati e. Date Signed -14-04

**APPLICATION FOR** 

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3CH #304 Approved 3 | 25/09 Version 7/03

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ide	ntifier AIP-3-06-0087 FYI FFY04
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Uni		
CITY OF FRESNO			Department:	·	
Organizational DUNS:			TRANSPORTATION	٧	
17-678-5079			AIRPORTS		_
Address: Street:			Name and telephor involving this appl		erson to be contacted on matters
4995 EAST CLINTON WAY			Prefix:	First Name:	sa code)
City: FRESNO			MR. Middle Name	KEVIN	
County: FRESNO			Last Name MEIKLE		
State: CA	Zip Code 93727	and the little was a second of the little was a	Suffix:		
Country: UNITED STATES			Email:		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Kevin.Meikle@fresn Phone Number (give		Fax Number (give area code)
94-6000338			(559) 621-4536	area code,	(559) 498-5549
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)
Z New	Continuatio	n 🔲 Revision	C. MUNICIPAL		
If Revision, enter appropriate lette (See back of form for description of	er(s) in box(es) of letters.)		Other (specify)		
	,		other (appeary)		
Other (specify)			9. NAME OF FEDER FEDERAL AVIATION	R <mark>AL AGENCY:</mark> N ADMINISTRAT	TION
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T		
TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)			TERMINAL/CONCOURSE EXPANSION, DESIGN/CONSTRUCTION OF VARIOUS TAXIWAYS, PURCHASE ARFF VEHICLE, REHABILITATION OF RUNWAY 11L-29R, INSTALL AND UPGRADE		
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties	. States. etc.):	AIRFIELD SIGNAGE		
COUNTIES OF FRESNO, MADE		· ·			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date: 04/04	Ending Date: 04/07		a. Applicant		b. Project
15. ESTIMATED FUNDING:	04/07		18th	SUBJECT TO	18th REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PROC	FCC2	
a. Federal \$ b. Applicant	M. House, Rose	5,196,000	AVAILAD	PLE IO INE SIA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
Joseph Committee	EVED	273,474	PROCES	SS FOR REVIEW	/ ON
c. State			DATE: T	BD	
d. Local AFR	1 2 2004	.00	b. No. T PROGRA	AM IS NOT COVI	ERED BY E. O. 12372
e. Other \$		.00	OR PROFOR REV		BEEN SELECTED BY STATE
f. Program Income STATE SL	EARING HOUSE	. 00	17. IS THE APPLICA	NT DELINQUEN	IT ON ANY FEDERAL DEBT?
g. TOTAL \$	:	5,469,474	☐ Yes If "Yes" attacl	n an explanation.	₩ No
18. TO THE BEST OF MY KNOW OCCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF TH	UTHORIZED BY THE (	SOVERNING BODY OF T	LICATION/PREAPPLI HE APPLICANT AND	CATION ARE TI THE APPLICAN	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative	irst Name		[8.4] L. L.	Nomo	
	First Name SEVERO			Name	
ast Name ESQUIVEL	201		Suffix		
. Title NTERIM DIRECTOR OF TRANS				phone Number (9 321-4600	give area code)
. Signature of Authorized Represe	entative //		e. Date	Signed 2-	17-04

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FTA

**U.S. Department of Transportation** 

**Federal Transit Administration** 

# **Application for Federal Assistance**

Recipient ID:	1652	
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY	
Project ID:	CA-90-Y271	
Budget Number:	1 - Budget Pending Approval	
Project Information:	FY04 5307(less MTOC)+TEA1%+15% Discretio	

# Part 1: Recipient Information

Project Number:	CA-90-Y271
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Address:	P.O. BOX 731 , LONG BEACH, CA 90801 0000
Telephone:	(562) 591-8753
Facsimile:	(562) 599-8936

# **Union Information**

Recipient ID:	1652
Union Name:	ATU
Address 1:	1951 SPRING ST
Address 2:	
City:	LONG BEACH, CA 90806 0000
Contact Name:	Barbara Gales
Telephone:	(562) 490-2334
Facsimile:	(562) 490-2336



# **Part 2: Project Information**

Project Type:	Grant	Gross Project	\$12,447,150
Project Number:	CA-90-Y271	Cost:	
Project Description: FY04 5307(less MT +TEA1%+15% Disc	FY04 5307(less MTOC)	Adjustment Amt:	\$89,433
	+TEA1%+15% Discretio	Total Eligible Cost:	\$12,357,717
Recipient Type:	County Agency	Total FTA Amt:	\$9,982,170
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0

Recipient Contact:	Lisa Patton 562.599.8511
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	20507
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 16, 2003
Program Page:	17-19
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Deling. Details:	

Total Local Amt:	\$2,375,547
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

#### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

#### **Congressional Districts**

State ID District Code		District Official		
6 37		Juanita Millender-McDon		
6 38		Grace F Napolitano		
6 39		Linda T Sanchez		

#### **Project Details**

#### PROJECT DESCRIPTION:

- \* Bus Components/Engines -- LA973028
- \* Bus Stop Amenities -- LA973029
- \* Transit Mall Info Center -- LA0D16
- \* Information Systems/EDP Equipment -- LA0b0842
- \* Facility Improvements -- LA900514
- \* Fleet Replacement
- 9200's -- LA0D18
- 9300's -- LA0D19
- \* Office Equipment -- LA01B119
- \* Capitalization of Preventive Maintenance -- LA01B107
- \* Training and Educational Reimbursement -- LA01B108
- \* Safety and Health Projects -- LA973030





FTA

U.S. Department of Transportation

**Federal Transit Administration** 

# **Application for Federal Assistance**

Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Project ID:	CA-90-Y262
Budget Number:	1 - Budget Pending Approval
Project Information:	Procurement of CNG Station Equipmen

# **Part 1: Recipient Information**

Project Number:	CA-90-Y262	
Recipient ID:	2271	
Recipient Name:	CLAREMONT, CITY OF	
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000	
Telephone:	(909) 399-5400	The second secon
Facsimile:	(909) 399-5492	A CEVEL

#### **Union Information**

No information found.

# APR 1 2 2004

### **Part 2: Project Information**

Grant
CA-90-Y262
Procurement of CNG Station Equipmen
City
John Ottomanelli, 213.202.3957
Michael Busch (909) 399- 5456
None Specified
Initial Application
20205
149

Gross Project Cost:	\$710,000
Adjustment Amt:	\$0
Total Eligible Cost:	\$710,000
Total FTA Amt:	\$71,000
Total State Amt:	\$0
Total Local Amt:	\$639,000
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified

State Appl. ID:	None Specified				
Start/End Date:	Nov. 15, 2003 - Dec. 31, 2004				
Recvd. By State:					
EO 12372 Rev:	YES				
Review Date:	Sep. 19, 2003				
Planning Grant?:	NO				
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 15, 2003				
Program Page:	1				
Application Type:	Electronic				
Supp. Agreement?:	No				
Debt. Delinq. Details:					

S.C. Eff. Date:	None Specified		
Est. Oblig Date:	None Specified		
Pre-Award Authority?:	Yes		
Fed. Debt Authority?:	No		
Final Budget?:	No		

#### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

#### **Congressional Districts**

State ID	District Code	District Official		
6 33		Diane E Watson		
6 26		David Dreier		

#### **Project Details**

The City is construction a joint use City Corporate Yard Facility. Included in the scope of construction will be the inclusion of a compressed natural gas (CNG) fueling facility to be used by the City's transit services and sanitation fleet.

The estimated cost of the project is \$710,000. This application is for the allocation of \$71,000 of Federal funds to cover the transit portion of the project only. These funds will be allocated to the procurement of a CNG compressor valued at \$90,000.

The project is included in the TIP (ID #LA0B403)

CITY OF CLAREMONT DOL APPLICATION CHECKLIST

- 1. Who is receiving the funds? The City of Claremont is the recipient of the funds. The City plans to procure the CNG equipment and contract with KPRS of Rancho Cucamonga for the installation of the CNG facility equipment.
- 2. What is the amount and type of funding to be awarded? For fiscal year 2003-2004, the City has received an award of roughly \$71,000 of Congestion Mitigation and Air Quality (CMAQ) Funds through the RTAA process managed by the Los Angeles County Metropolitan Transportation Authority (LACMTA).
- 3. What activities will be undertaken with the funds? The City's CMAQ funds will be allocated for the procurement of CNG equipment, specifically a compressor. These funds will be matched with City funds, as the fueling station will be used by transit and sanitation. The City facility is the home of the Community Services Department, which manages

	500	7	. DATE SUBN	HTTED		Applicant Identifier	
APPLICATION	FUK		April 8, 200	4	·	State Application Ide	ntifiler
FEDERAL ASS	SISTANCE		DATE RECE	IVED BY STATE		Ornice Mahanaga	
1. TYPE OF SUBMISSION Application	Pre-Application		. DATE DECE	EIVED BY FEDERAL AGENCY		Federal identifier	
Construction	Construction  Non-Construct		I, DAIE RECE	IVED BY PEDEROTE AT			
Mon-Construction  5. APPLICANT INFORM			;				
Legal Name: SER-Job	s for Progress Nation	nal, Inc.		Organizational Unit	t:		
Legal Name. SEN-OD	3 (O) 1 10 <b>3</b> /400 ; 11110			At the second se	no number of	SCSEP	tacted on matters
Address (give city, count		•		involving application	on (give area	code)	
1925 W. John Carp	enter Freeway		•• "	Rosalinda Trev	viño-Ortega	3	.'
Suite 575				972/506-7815			
Irving, TX 75063						version latter	in hov)
6. EMPLOYER IDENTI	FICATION NUMBER (	EIN);		7. TYPE OF APP	LICANT: (en	ter appropriate letter	
8 5 0  8. TYPE OF APPLICAT  New  Continu	uation $\square$ Revision		2	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District		J. Private University K. Indian Tribo L. Individual M. Profit Organization	N Dist. ution of Higher Learning
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10. CATALOG OF FEI	DERAL DOMESTIC A	SSISTANCE NU	JMBER:	11. DESCRIPTIV	VE TITLE OF	APPLICANT'S PRO	JECT:
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1 7 -	2 3 5			Senior Con	nmunity Se	ervice Employme	nt Program
	mmunity Service Emplo				Pro para	A Carrier Lance	TR
12. AREAS AFFECTE	D BY PROJECT (cities	s, countries, sta	ites, etc.)		RECEIVED		
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44 PROPOSED BRO	IECT.	14 CONGRE	SSIONAL D	STRICTS OF:	Company and		
13. PROPOSED PRO	Ending Date	a. Applicant			<del>2</del> 小丘	EARING HOUSE	1
7/1/04	6/3D/05	$TX - 30^{th}$			See A	ttached List	
15. ESTIMATED FUN	DING.		16. IS APPL	ICATION SUBJECT TO	O REVIEW BY	STATE EXECUTIVE O	RDER 12372 PROCESS?
13. 2311117125151			a. YES. TH	IS PREAPPLICATION	I/APPLICATION	N WAS MADE AVAILA	BLE 10
a. Federal		6,270,784.00	THE STA		ER 12372 PRO	CESS FOR REVIEW O	N.
b. Applicant		2,627,078.00	LAIE	April 8, 2004			
c. State			b, NO.				
d, Local						N SELECTED BY STA	
e. Other			17. IS			ON ANY FEDERAL	
f. Program Income			1	Yes If "Yes	s," attach an	explanation. 🖾 N	o
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a. Typed Name of Auth				b. Title	• ,		c. Telephone Number
Ignacio Salazar	——————————————————————————————————————			President 8	& CEO		972/506-7815 x 352
d. Signature of Authorized Representative							e. Date Signed
· · · · · · · · · · · · · · · · · · ·	io Chalazar						4/8/04

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL	ASSISTANCE	2. Date Submitted	Applicant Identifier			
Type of Submission:     Application Preapplication	on	3. Date Rec'd by State	State Application Identifier			
Construction Const	ruction	4. Date Rec'd by Federal	Federal Identifier CE 98994001			
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Co 1001 I Street, Sacramento Sacramento, California 9	County	Organizational Unit: Central Coast Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Chris Adair (805) 549-3761				
<ol> <li>Employer Identification Number (EI</li> <li>DUNS Number: 808321913</li> </ol>	N): 680281986		riate letter)A pendent School District Institute of Higher Learning			
8. Type of Application:  NewX_ Revision Co If Revision, enter appropriate letter(s): A. Increase Award B. Deci	ease Award ease Duration	C. Municipal J. Priva D. Township K. India E. Interstate L. Indiv F. Intermunicipal M. Prof	te University an Tribe			
10. Catalog of Federal Domestic Assis 66.456 Title: National Estuary Program	ahee Number	U. S. Environmental F  41. Descriptive Title of Applicant's  Continue implementation of the Cor	Project:  mprehensive Conservation			
Morro Bay, California	STATE CLEARING	Management Plan (CCMP), particip education, and administrative manage				
13. Proposed Project:  Start Date End Da 9/1/01 6/	te 30/05	14. Congressional District of: Applicant: Project: 3 Californ				
15. ESTIMATED FUNDING:  a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	\$60,000 \$0 \$60,000 \$0 \$0 \$0 \$0	available to the State I review on: Date: b. NO: Program is not	s? on/preapplication was made EO 12372 process for  April 7, 2004 covered by EO # 12372 ot been selected by the			
18. TO THE BEST OF MY KNOWLE TRUE AND CORRECT, THE DOCUM APPLICANT, AND THE APPLICANT IS AWARDED.	MENT HAS BEEN DULY AU	JTHORIZED BY THE GOVERNING	G BOARD OF THE			
a. Typed Name of Authorized Represe: Celeste Cantú	ntative	b. Title: Executive Director	c. Telephone Number (916) 341-5615			
d. Signature of Authorized Representa	tive		e. Date Signed:			

APPLICATION F	np ·		2. DATE SUBMIT	TED	LICANT IDENT	IFIER	
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County of Humbold	t				· ,	om Dev Serv Dept	
Address (give city, county, sta	te, and zip code):		and the state of t	Name and telephone numb this application (give area o	er of the person to be conta ode)	icted on matters involving	
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Eureka, CA 95501				to the contract of the contract of	wy a 1314 2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
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6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):	Adam I garanga kanandida ka ka ka ka ana	and the second description of the second	7. TYPE OF APPLICANT:	(enter appropriate letter in	box) B. County	
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	se Duration			U.S. Departm	ent of Agriculture	, Rural Development	
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a. Typed Name of Authorize	*	الحس			ty Development	1	
	Kirk Girai	(A)		1	es Director	707-268-3735	
d. Signature of Authorized F	Representative	and the section of th	appaintes a material and in the experience for the substitute for the experience of	and the second	is a literatural arts. A commission consistent after the superproper accommending community bearing the set in money where it	e. Date Signed	
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STATE CLEARING HOUSE

APPLICATION FOR								Version	n 7/03	}
FEDERAL ASSISTANCE	E	2. DATE SUBMITTED February 27, 2003		Applicant Identifier						
1. TYPE OF SUBMISSION:	Dre englication	3. DATE RECEIVED BY	STATE	St	ate Application	n Identifie	er			
Application  Construction	Pre-application  Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Fe	ederal Identifi	er				
Non-Construction	Non-Construction									
5. APPLICANT INFORMATION			T0	1114.						
Legal Name:			Organizational Department:	Unit:						
City of Hollister			Public Works Division:							-
Organizational DUNS: 021708859										
Address: Street:			Name and telep				contacted	on mat	ters	
375 Fifth Street			Prefix:	Fi	rst Name:		Table suggested as 20		Access to the second se	
City:			Mr. Middle Name	Į IV	atthew			Term 1		
Hollister			J.			y 1		Parcers 8	W Record	-
County: San Benito			Last Name Kelley				\MAI	3	201	04
State: CA	Zip Code 95023-3876		Suffix:			-	,,,,,	•		
Country: USA			Email: matthew.kelley@	@hollista	r co gov		STATEC	FARI	NG F	OUSE
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number				per (give area		1401	
94-600034			(831) 636-4340			(831) 636	6-4349			
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICAN	Γ: (See back	of form fo	r Application	n Types	5)	1
V Ne	w 🖺 Continuatio	n Revision	C.							
If Revision, enter appropriate le (See back of form for descriptio			Other (specify)							
Other (specify)			9. NAME OF FE Federal Aviation							-
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTI	IVE TITL	OF APPLIC	CANT'S P	ROJECT:			
		20-106	Hollister Munici	ipal Airpo	rt FY 2004 G	rant Appli	cation			
TITLE (Name of Program): Airport Improvement Program	(AID)	based based based								
12. AREAS AFFECTED BY P	<del>`</del>	s, States, etc.):	1							
Hollister, CA / San Benito, CA	·									
13. PROPOSED PROJECT			14. CONGRESS	SIONAL	DISTRICTS (					
Start Date: 04/04	Ending Date: 09/30/04		a. Applicant #17			b. Project #17				
15. ESTIMATED FUNDING:	00/00/01	gen gran and the second of the	16. IS APPLICA		JBJECT TO		BY STATE I	EXECU	TIVE	
a. Federal	<u> </u>	.00	ORDER 12372 F	<b>PROCES</b> IS PREA	<b>S?</b> PPLICATION	/APPLICA	TION WAS	MADE		
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b. Applicant	þ	35,850	PRO	OCESS I	FOR REVIEW	/ ON				
c. State	3	35,850	DA	TE: Febi	uary 27, 200	3				
d. Local	3	.00	b. No. 🔟 PRO	OGRAM	IS NOT COV	ERED BY	E. O. 12372	2		
e. Other	6	.00	T OR		AM HAS NO	T BEEN S	ELECTED E	BY STA	TE	
f. Program Income	3	. 00	17. IS THE APP	R REVIE PLICANT		AA NO TI	IY FEDERA	L DEBT	?	
g. TOTAL	<b>b</b>	1,434,000 ·	Yes If "Yes"		•		☑ No			
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a. Authorized Representative			T <sub>k</sub>	Middl= 11						1
Prefix Mr.	First Name Clint			Middle Na	arrie			Accused the second		
Last Name Quilter				Suffix						
b. Title Public Works Director				c. Teleph (831) 630	one Number 3-4340	(give area o	code)			
d. Signature of Authorized Rep	resentative			e. Date S		1		15	0.5.5	
Previous Edition Usable  Authorized for Local Reproduct	ion		* .	D.	, ,		rd Form 424 ad bv OMB			

APPLICATION FOR					T		
FEDERAL ASSISTAN	NCE		2. DATE SUBMITTED February	26, 2004	Applicant Identifier		
1. TYPE OF SUBMISSION:		W	3. DATE RECEIVED BY	STATE	State Applica	ation Identifier	
Application Construction	Preapplication Construction		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ider	tifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Constr	uction					
Legal Name:				Organizational Unit:			
Kenneth A. Nagy				University of C			
Address (give city, county, State,	and zip code):			Name and telephone		rson to be contacte	ed on matters involvin
621 Charles Young D Los Angeles, CA 900				this application (give a Kenneth A. N	rea code) agy (310	) 825-8771	
6. EMPLOYER IDENTIFICATION				7. TYPE OF APPLICA	ANT: (enter a	opropriate letter in	box)
	1 4 3	•		A. State	H. Independ	lent School Dist.	
8. TYPE OF APPLICATION:				B. County		trolled Institution o	f Higher Learning
✓ Nev	, ☐ Contin	uation	Revision	C. Municipal	J. Private U	-	
	·		7	D. Township E. Interstate	K. Indian Tr		
If Revision, enter appropriate lett	er(s) in box(es)			F. Intermunicipal	M. Profit Or		
A. Increase Award B. Dec	rease Award	C. Increas	e Duration	G. Special District	N. Other (S		
D. Decrease Duration Other	specify):			9. NAME OF FEDERA	AL AGENCY		
				US Geological S	urvey		
10. CATALOG OF FEDERAL D	OMESTIC ASSIS	TANCEN	IIMBED:	11. DESCRIPTIVE TI	TLE OF APP	LICANT'S PROJE	CT:
10. CATALOG OF FEDERAL D	OWIESTIC ASSIC	I ANOL II		Raven Consump			
1 5 — 6 1 5  TITLE: Cooperative Endangered Species Conservation Fund				Predictions from	Energetic	s and Water Be	alance Models
12. AREAS AFFECTED BY PR	OJECT (Cities, C	ounties, St	ates, etc.):		1	1	
San Bernardino County,	CA; States of	Californi	a, Nevada, Utah			MAR	5 2004
13. PROPOSED PROJECT	14. CONGRES	SIONAL D	ISTRICTS OF:			STATE OF	ARING HOUSE
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b. Applicant	\$		.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			ORDER 12372
c. State	\$		.00	DATE	02/26/0	)4	
d. Local	\$		.00	b. No. PROGR	RAM IS NOT	COVERED BY E. C	). 12372
e. Other	\$		•	FOR RE		NOT BEEN SELE	CIED BY STATE
f. Program Income	\$	•	.00	17. IS THE APPLICA	ANT DELINQ	UENT ON ANY FE	DERAL DEBT?
g. TOTAL	\$		11,692 <sup>.</sup>	Yes If "Yes,"			<b>☑</b> No
18. TO THE BEST OF MY KNO	WLEDGE AND	BELIEF, A	LL DATA IN THIS APPL	ICATION/PREAPPLICA	ATION ARE T	RUE AND CORRE	ECT, THE
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a. Type Name of Authorized Re		ACE IS AV	1	int Analyst	c. Telepho	ne Number (31	0)794-0165
Kim Duiker d. Signature of Authorized Rep	resentative		_1		e. Date Sig	27/04	
I was	<u>uuu</u>	<u> </u>				01 1 15 40	1 (D 7 O7)

APPLICATION FOR	_			T	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED March 2, 2004		Applicant Iden	lifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION			Organizational Unit			
Legal Name:			Organizational Unit: Department:		, , , , , , , , , , , , , , , , , , ,	
Self-Help Home Improvement P	roject (SHHIP)		Division .	***************************************		
Organizational DUNS:			Division:			
Address: Street:			Name and telephone involving this applic		rson to be contacted on matters	
Sileet.			Prefix:	First Name:	Plane section while prints 3 & green party	
3777 Meadow View Dr., Suite 10	00		Middle Name	Keith	The second secon	
City: Redding						
County: Shasta			Last Name Griffith		MAR 5 2004	
State: California	Zip Code 96002		Suffix:			
Country: USA			Email: kgrif@shhip.com		STATE CLEARING HOUS	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	A CONTRACTOR OF THE CONTRACTOR	Phone Number (give a	rea code)	Fax Number (give area code)	
9 5 -2 9 9 0 6 7 8			530- 378-6905		530- 378-6910	
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See back	of form for Application Types)	
₩ Nev		n 🔲 Revision	"0" Non for Profit Cor	poration		
lf Revision, enter appropriate lett (See back of form for description			Other (specify)			
Other (specify)			9. NAME OF FEDERA USDA Rural Develop			
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLIC	CANT'S PROJECT:	
TITLE (Name of Program): Mutual Self-Help Housing Technical Asistance (Rehab), USDA Sect. 523			USDA Rural Development Mutual Self-Help Housing Program Technical Asistance grant (Sect. 523) Self-Help Housing Rehabilitation			
12. AREAS AFFECTED BY PR Shasta and Tehama Counties	OJECT (Cities, Counties	s, States, etc.):	Assist 40 homeowner rehabilitate their hom		a and Tehama counties	
13. PROPOSED PROJECT	·	de principal magnitude francisco como de de la degrada esta de Mensanções en da antida a potição escando de mel	14. CONGRESSIONA	AL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant 2nd - Calif.		b. Project 2nd - Calif.	
May 1, 2004 15. ESTIMATED FUNDING:	April 30, 2006			SUBJECT TO	REVIEW BY STATE EXECUTIVE	
	· · · · · · · · · · · · · · · · · · ·	00	ORDER 12372 PROC		APPLICATION WAS MADE	
a. Federal \$		330,000			/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		.00	PROCES	S FOR REVIEW	/ ON	
c. State \$		.00	DATE: M	larch 2, 2004		
d. Local \$		. 00	b. No. 🗇 PROGRA	M IS NOT COV	ERED BY E. O. 12372	
e. Other \$		.00	OR PROG		T BEEN SELECTED BY STATE	
f. Program Income \$		. 00			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		330,000	☐ Yes If "Yes" attach	n an explanation	. 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF</b>				
a. Authorized Representative Prefix	First Name		Middle	Name		
Last Name	Keith		Suffix			
GRIFFITH				nhono Number	(also area ende)	
b. Title Executive Director				phone Number ( 178-6905	(give area code)	
d. Signature of Authorized Repre	esentitive	Leffet	e. Date March	e Signed n 2, 2004		
Previous Edition Usable Authorized for Local Reproduction	on				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

APPLICATION FOR			<u> </u>		Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED .		Applicant Iden	
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application  Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	er
Non-Construction	Non-Construction		2, 1		1-7
5. APPLICANT INFORMATION Legal Name:			Organizational Unit	<u>:</u>	
Coachella Valley Housing Coall	Hon	•	Department:		The state of the s
Organizational DUNS:	(IOII		Division:		d AND IT
61-328-1070 Address:	ID EGE	1 W-E D	Name and telephon	e number of per	son to be contacted on matters
Street:	<del>                                     </del>		involving this appli	cation (give area	a code)
45701 Monroe St., Ste. G			Prefix:	John John	
City: Indio	TUU MAR -	4 2004 [2]	Middle Name F:	1.11   12	
County: Riverside			Last Name Mealey		
State: CA	AD CAME CLEAN	DING HOTTAK	Suffix:		
CA Country	92201   La		Email:		
	SNI NI IMPED /C/M-		John mealey@cvhc. Phone Number (give		Fax Number (give area code)
6. EMPLOYER IDENTIFICATIO			(760) 347-3157		(760) 342-6466
95-3814898 8. TYPE OF APPLICATION:				CANT: (See back	of form for Application Types)
▼ Nev	w M Continuatio	n 🏿 Revision	Nat-for-Profit		
If Revision, enter appropriate let (See back of form for description	ter(s) in box(as) n of letters.)	П	Other (specify)		
Other (specify)			9. NAME OF FEDER USDA Rural Develo		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE 1		CANT'S PROJECT:
		10-4 [15]	Desen Hot Springs 60 unit low income t	Family Project ismily apartment (	complex. Unit mix consist of:
TITLE (Name of Program): USDA - RD 515 Rural Rental H	Inusina Program	السياد الماد	12 - 1 bedroom	·	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	18 - 2 bedroom 19 - 3 bedroom		
Desert Hat Springs, Riverside (			12 - 4 bedroom		
13. PROPOSED PROJECT	Te to better		14. CONGRESSION a. Applicant	IAL DISTRICTS	DF:
Start Date: December 2004	Ending Date: February 2006		45th		41st
15. ESTIMATED FUNDING:		•	ODDER 12372 PRO	CESS?	REVIEW BY STATE EXECUTIVE
s, Federal \$		1,000,000	* 'THIS DE	REAPPLICATION	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
USDA - RD 515 b. Applicant \$		230,559	PROCE	SS FOR REVIEW	VON
Deferred Developer Fee c. State \$			DATE:	03/03/04	
AHP Funds		450,000	PROGR	AM IS NOT COV	ERED BY E. O. 12372
d, Local \$ County HOME funds		850,000	D, NO, 103		T BEEN SELECTED BY STATE
Other     Tax Credit Equity		7,922.438	- EOD DE	Z\/I⊈\A/	
f. Program Income \$			17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		10,452,997	Yes If "Yes" alta		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	' AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPI THE APPLICANT AN	LICATION ARE T D THE APPLICA	RUE AND CORRECT, THE NT WILL COMPLY WITH THE
a. Authorized Representative		Pa Province	lMidd	le Name	
Profix	First Name John		F.		
Last Name Mealey					
b. Tille Executive Director	)	The second secon	(7,60	lephone Number ) 347-3157	(disc area mode)
d. Signature of Authorized Real	esentative	可愿是书	r: V . E · n e . Da	ate Signed 13/04	
Previous Edition Usable Authorized for Local Reproducti		MAR 4	2004	,	Standard Form 424 (Rev.9-2003 Prescribed by OMB Circular A-102
	- Ç4	11/11 ha White/11/11	MALINUOE		*** ***

FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier		
1.TYPE OF SUBMISSION:		3. DATE RECEIVED BY STAT	E	State Application Identifier		
	application		_	Cate Application (activities	1	
Construction	Construction	4. DATE RECEIVED BY FEDE	RAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction					
5. APPLICANT INFORMA	TION					
Legal Name: Self-Helr Address (give city, county, state,	Home Imp	rovement Proj	இ regamization			
				lephone number of person to ion (give area code)	be contacted on matters involving	
3777 Meadowvie		100	Keith	Griffith		
Redding, CA 96002			(530)	378-6905		
6. EMPLOYER IDENTIFICATION	(EIN):		7. TYPE OF	APPLICANT: (enter appropria	te letter in box)	
9 5 - 2 9	9 0 6	7 8			N	
8. TYPE OF APPLICATION:			A. State B. Count	H. Independer	olled Institution of Higher Learning	
	П.,	🗀	C . Municip D. Towns	hip K. Indian Tribe	iversity	
X N	ew Conti	nuation Revision	E. Interst	nicipal M. Profit Orga	nization	
If Revision, enter appropriate lette	er(s) in		G. Special	District N. Other (Spec	Sify) Non-Profit	
		·				
	Decrease Award her (specify):	c. Increase Duration			1	
	er (epsey).		9 NAME OF	FEDERAL AGENCY:		
			USDA F	Rural Develop	ment	
10. CATALOG OF FEDERAL DOM	MESTIC ASSISTANCE	NUMBER:		TIVE TITLE OF APPLICANT'S		
					sing preservation	
				rand renability very low-inco	itation assistance	
TITLE: Housing p	Dreservati IECT (Cities, Counties,	States etc.)			nits in Shasta	
Shasta & Tehan					s, California.	
Shabba a remai	au voodii o i c	.5, 3				
13. PROPOSED PROJEC		SSIONAL DISTRICTS C				
Start Date Ending Date	a. Applicant		b. Proj			
7/1/04 8/30/06	5   2nd ESTIMATED FUI	NDING	16 19	2nd	REVIEW BY STATE EXECUTIVE	
	LSTIMATED FOI	ADING .		RDER 12372 PROCESS?	ALVILW BY STATE EXECUTIVE	
a. Federal	\$ 100,00	00	.00 a.	YES. THIS PREAPPLICATION	DN/APPLICATION WAS MADE	
b. Applicant	\$		.00	AVAILABLE TO THE S 12372 PROCESS FOR	TATE EXECUTIVE ORDER	
b. Applicant	*		.00			
c. State	\$ 250,00	A Comment of the Comm	.00	4/1/0		
		MED		DATE 4/1/04	±	
d. Local	AFUE	A source.	.00 b.	NO PROGRAM IS NO	T COVERED BY E.O. 12372	
e. Other	Is a DD	5 2004	.00		AS NOT BEEN SELECTED BY	
e. Other	1. 1 1461		.00	STATE FOR REVI		
f. Program Income	4	ARING HOUSE	.00 17 18	THE APPLICANT DELINGUEN	T ON ANY FEDERAL DEBT?	
	CTATECLE	ARINGTI		YES (Attach explanation)		
g. Total	\$ 350,00	00 (	) <b>,</b> 00/	TES (Attach explanation)	NO NO	
18. TO THE BEST OF M			A IN THIS	APPLICATION/PREAPE	PLICATION ARE TRUE AND	
ICORRECT. THE DOCUM	IENT HAS BEEN	I DULY AUTHORIZED I	BY THE GO	OVERNING BODY OF	THE APPLICANT AND THE	
APPLICANT WILL COMPL			O IF THE A	ASSISTANCE IS AWAR		
a.Type Name of Authorized Repre Keith Grif		b. Title		N	c. Telephone Number	
d Signature of Authorized Represe		Execu	itive l	Director	(530) 378-6905 e. Date Signed	
Kostk	Litte	H			4/1/04	
Previous Edition Usable	TO THE			STAND	DARD FORM 424 (REV 4-92)	
AUTHORIZED FOR LOCAL REPROI	DUCTION / /			Prescribe	ed by OMB Circular A-102	

Woodlore, Wood products manufacturing Cooperative TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Laytonville, Ca Mendocino County 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 7/4/04 6/5/04 First/Mike Thompson same 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal 97,386 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 74,040 PROCESS FOR REVIEW ON: c. State 00

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

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171,426

TE CLEARING HOUSE

\$

\$

ATTACHED ASSURANCES IF THE ASSISTANCE IS A	WARDED.	
a. Type Name of Authorized Representative  Madelin Holtkamp	b. Title Executive Director	c. Telephone Number (707) 467-5953
d. Signature of Authorized Representative  Madelin Hottams		e. Date Signed 380-2004
Previous Edition Usable		Charles E. Marie T. Com

Authorized for Local Reproduction

d. Local

e. Other

g. TOTAL

f. Program Income

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

₩ No

03/29/04

b. No. PROGRAM IS NOT COVERED BY E. O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

OR PROGRAM HAS NOT BEEN SELECTED BY STATE

DATE

FOR REVIEW

Yes If "Yes," attach an explanation.

A. Increase Award D. Decrease Duration B. Decrease Award D. Decrease Duration D. NAME OF FEDERAL AGENCY:  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lao Agricultural Empowerment Pr (LAEP) (A continuation 2003-04) C. Cittes: Kerman, Sanger, Selma, Easton, Fowler D. Proposed D. Applicant D. Decrease Decrease Duration D. Project D. Date D. No Decrease Duration Decrease Duration D. No Decrease Duration Date Decrease Duration D. No Decrease Duration Date Decrease Duration DATE D. No Decrease Duration Date Decrease Duration Date Date Decrease Duration Date Decrease Duration Date Date Decrease Duration Date Duration Date Decrease Duration Date Date Date Date Date Date Date Date	PLICATION FOR DERAL ASSISTANCE	2. DATE SUBMITTED 3/2	2/04 Applic	ant identifier	
State   Stat	pplication Preapplication				
Name and deephone number of preson to be contucted on the property of the preson of the contucted on the contuc	Non-Construction Non-Construction				
Name and telephone number of pareon to be contacted on the PO Box 6256, Fresno, CA 93703	Name: Federation of Lao Ame	erican Community	Organizational Unit:		
Fresho County    Presho County	ress (give city, county, state, and zip code):				ed on matters involvi
Demonstration   EMPI:	esno County	13 km independing And und the samples, damp	Vilaysouk	Vee Inthaly	
TITLE  A AREAS AFFECTED BY PROJECT (Cities, Countries, States, etc.)  Catalog of Federal Domestic Assistance Numbers:  11. Descriptive Title of Applicant's Project  A Catalog of Federal Domestic Assistance Numbers:  12. CATALOG of Federal Domestic Assistance Numbers:  13. CATALOG of Federal Domestic Assistance Numbers:  14. AREAS AFFECTED BY PROJECT (Cities, Countries, States, etc.)  Catalog of Federal Agency:  15. CATALOG of Federal Domestic Assistance Numbers:  16. AREAS AFFECTED BY PROJECT (Cities, Countries, States, etc.)  Catalog of Federal Agency:  17. Lao Agricultural Empowerment Projectives:  18. PROPOSED PROJECT (Cities, Countries, States, etc.)  Catalog of Federal Agency:  19. Lao Agricultural Empowerment Projectives:  19. Lao Agricultural Empowerment Proj		rangarangan da panggar	7. TYPE OF APPLICA	MT: lanter annuniste letter in ho	
D. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	PE OF APPLICATION:  New Consision, enter appropriate letter(s) in  Increase Award B. Decrease Award Other (specify):	Attinuation Revision  C. Increase Duration	B. County C. Municipal D. Township E. Interstate F. Interstate G. Special Distric	I. State Controlled Institut J. Private University K. Indian Tribe L. Individual M. Profit Organization t N. Other (Specity) O	onprofit
Lao Agricultural Empowerment Pr (LAEP)  AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) State of California. Fresno County. Cities: Kerman, Sanger, Selma, Easton, Fowler  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Calvin M. Doöley-20th District art Date Ending Date a. Applicant [b. Project   9/16/04 9/15/05   15. ESTIMATED FUNDING   16. IS APPLICATION SUBJECT TO REVIEW BY STATE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION ON AVAILABLE TO THE STATE EXECUTIVE 12372 PROCESS FOR REVIEW ON:  State   SAPR 5 2004   Other   \$APR 5 2004   Other   \$APR 5 2004   Other   \$ 17. IS THE APPLICATION DEPLICATION ON AVAILABLE TO THE STATE EXECUTIVE 12372 PROCESS FOR REVIEW ON:  17. IS THE APPLICATION ON AVAILABLE TO THE STATE EXECUTIVE 12372 PROCESS FOR REVIEW ON:  17. IS THE APPLICATION ON AVAILABLE TO THE STATE EXECUTIVE 12372 PROCESS FOR REVIEW ON:  17. IS THE APPLICATION ON AVAILABLE TO THE STATE EXECUTIVE 12372 PROCESS FOR REVIEW ON:  17. IS THE APPLICATION OF T				ng principle with many principles	
TITLE:  LAREAS AFFECTED BY PROJECT /Civies. Counties. States, etc.)  Cities: Kerman, Sanger, Selma, Easton, Fowler  College		æ Numben:			WWW. FOR
Cities: Kerman, Sanger, Selma, Easton, Fowler  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Calvin M. Dobley-20th District art Date   Ending Date   a. Applicant   b. Project   b. Project   b. Project   c.	nam ag l'artica an armana e l'artica es ultraffic	iligəriyar Boxiqar uşarə	(LAEP)		
State   Stat	ite of California. Fresno	County.		SECTION OF THE STATE FROM COST WINDS	OCCUPANT THEORY THE
9/16/04 9/15/05  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE 12372 PROCESS FOR REVIEW ON:  State  PECEIVED  .00  DATE  Local  \$APR 5 2004  .00  DATE  Cother  \$FATECLEARING HOUSE  Program Income  \$ .00  17. IS THE APPLICANT DELINQUENT ON ANY FEDER  Total  \$ 69,900  .00  17. IS THE APPLICATION/PREAPPLICATION ANY FEDER  YES (Attach explanation) IN NO  RECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		ESSIONAL DISTRICTS (	OF: Calvin M.	Dooley-20th Distr	ict, Califor
15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE 12372 PROCESS FOR REVIEW ON:  State  PECEVED  .OO  DATE  Local  \$APR 5 2004  .OO  OTHER PROGRAM IS NOT COVERED BY E. STATE CLEARING HOUSE  Program Income  Total  \$69,900  .OO  Total  \$69,900  Total  \$69,900  OTHER BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	and the second of the second o			activities at Ba <b>cket</b>	
Federal \$ 69,900 .00  Applicant \$ .00  Applicant \$ .00  State PECEVED .00  DATE  Local \$APR 5 2004 .00  Other \$ .00  PROGRAM IS NOT COVERED BY E .00  Other \$ .00  Program Income \$ .00  Total \$ 69,900 .00  Total \$ .00  Total \$ .00  AVAILABLE TO THE STATE EXECUTIVE 12372 PROCESS FOR REVIEW ON:  DATE  DATE  DATE  TOTAL STATE CLEARING HOUSE .00  TOTAL STATE CLEARING HOUSE .00  TOTAL STATE APPLICANT DELINQUENT ON ANY FEDER STATE APPLICANT DELINQUENT ON ANY FEDER STATE APPLICANT DELINQUENT ON ANY FEDER STATE OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		191910			
Applicant \$ 69,900 .00 a.YES. THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE 12372 PROCESS FOR REVIEW ON:  State PECEVED .00 DATE  Local \$APR 5 2004 .00 b. NO PROGRAM IS NOT COVERED BY E.  Other \$ ATECLEARING HOUSE .00 TO THE APPLICANT DELINQUENT ON ANY FEDER  Total \$ 69,900 .00 TYPES (Attach explanation) Y NO  3. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION AF DRRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			The state of the s		STATE EXECUTIVE
State    Comparison   Compariso	egerai	69,900	.00 a. YES.	THIS PREAPPLICATION/APPLICAT	
Local \$APR 5 2004 .00 b. NO PROGRAM IS NOT COVERED BY E.  Other \$STATE CLEARING HOUSE .00 OR PROGRAM HAS NOT BEEN SEL  STATE FOR REVIEW  Program Income \$ .00 T. IS THE APPLICANT DELINQUENT ON ANY FEDER  Total \$ 69,900 .00 YES (Attach explanation) TV NO  B. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	- FOLIVI	<del>10</del>	.00	*	l:
Other  STATE CLEARING HOUSE  OTHER STATE CLEARING HOUSE  Program Income  Total  STATE CLEARING HOUSE  OTHER PROGRAM IS NOT COVERED BY E.  STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDER  OF STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDER  OF STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDER  OF STATE FOR REVIEW  TOTAL  OF	1	004	.00	DATE	
Program Income \$ .00  Total \$ 69,900 .00  Total \$ 69,900 Income \$ .00  Tot			.000 в. но <u>[</u>		Way Three Street
Total \$ 69,900 .00 YES (Attach explanation) IN NO  B. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION AFORECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICAPPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	ther   \$   STATE CLEARING	HOUSE	.00		I SELECTED BY
69,900 .00  3. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION AF DORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICAPPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	ogram Income \$		Part Control	a de las casacións de la companya d	EDERAL DEBT?
DRRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICA PPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	ant di Birtha de maria de la compansió de la compansión de la compansión de la compansión de la compansión de m La compansión de la compa	09,900	.00] —		Appendix and Market and a selection of
The state of the s	RECT, THE DOCUMENT HAS BEE!	N DULY AUTHORIZED B	Y THE GOVERN	IING BODY OF THE APPL	I ARE TRUE AN ICANT AND TH
Type Name of Authorized Representative b. Title c. Telephone Nu	Name of Authorized Representative	b. Title	The Property of the Control of the C	c. Telephor	ne Number
		Exe	cutive Dire		452-8950
Signature of Authorized Representative ////////////////////////////////////	iture of Authorized Representative	Vellyn	Meli	e. Date Sig	3/22/04

APPLICATION FOR	, (				OMB Appro	oval No. 0348-004
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED  March	4, 2004	Applicant Identif	ier `	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	n Identifier	
Application Construction Non-Construction  5. APPLICANT INFORMATION	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifie		
Legal Name: Tulare County Superi	ntendent of School	<b>a</b> l	Organizational Unit: Child Care Pr	ogram		
Address (give city, county, State,		<u> </u>	Name and telephone		to be contacted o	n matters involvin
Po Box 5091, Visalia			this application (give a Ray Chavez	rea code) (559) 651-3	022	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appro	priate letter in box	
94-2191	9 0 5		A. State	H. Independent	School Dist	В
8. TYPE OF APPLICATION:			B. County	•	ed Institution of Hig	gher Learning
✓ New	Continuation	Revision	C. Municipal	J. Private Unive	rsity	,
MeM MeM			D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual  M. Profit Organia	zation	P
A. Increase Award B. Decr	ease Award C. Increase	e Duration	G. Special District	N. Other (Specif		elitaria di managana
D. Decrease Duration Other(s	pecify):		9. NAME OF FEDERA	AL AGENCY:	<u></u>	4.11
			USDA			4.
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICA	NT'S PROJECT:	
-		1 0 - 7 6 6	Rural Developme	ent Child Care	В	
TITLE: Community F	acilities Loans and G	rants			RECE	IVED
12. AREAS AFFECTED BY PRO					MEUE	. I V L
Earlimart, Farmersville, Lir					APR	5 2004
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project		STATECLE	ARING HOUS
7/1/04 6/30/05	21-nu	ınes		21-nur		
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PF		EVIEW BY STATE	EXECUTIVE
a. Federal	\$ 9052	14,306	a. YES. THIS PREA	APPLICATION/AP	PLICATION WAS	MADE
b. Applicant	\$	14,306 11,705			EXECUTIVE OR	
	8,143	11,705	PROCESS	FOR REVIEW O	N:	
c. State	<b>\</b>	00	DATE			
d. Local	5	•	b. No. ☐ PROGRA			
e. Other	\$	00	OR PRO		BEEN SELECTED	) BY STATE
f. Program Income	\$	00	17. IS THE APPLICA	NT DELINQUENT	ON ANY FEDER	AL DEBT?
g.\TOTAL	\$ 18,045		Yes If "Yes,"	attach an explan	ation.	☑ No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY						
ATTACHED ASSURANCES IF			L AFFLICANT AND II	IL AFFLICANI	THE COMPLITE	1214 212 <u>m</u>
a. Type Name of Authorized Repr Jlm Vidak		b. Title County Superinten	ident of Schools	c. Telephone Nu (559) 733-63		
d. Signature of Authorized Repres	sentative )			e. Date Signed	04	



FEDERAL ASSISTA	NCE	2. DATE SUBMITTED  March 4	1, 2004	Applicant Identi	ifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	on Identifier
Application Construction	Preapplication  Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identific	er 31110
Non-Construction	Non-Construction			1010	31110
5. APPLICANT INFORMATION Legal Name: Tulare County Super	intendent of School		Organizational Unit: Child Care Pro		
Address (give city, county, State,	, and zip code):				n to be contacted on matters involvin
Po Box 5091, Visalia			this application (give a Ray Chavez	rea code) (559) 651-3	3022
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appro	opriate letter in box)
94-2191			A. State	H. Independent	School Dist.
8. TYPE OF APPLICATION:			B. County		led Institution of Higher Learning
✓ Nev	v Continuation	Revision	C. Municipal	J. Private Unive	ersity
		7 []	D. Township E. Interstate	K. Indian Tribe L. Individual	
If Revision, enter appropriate lett	er(s) in box(es)		F. Intermunicipal	M. Profit Organ	ization
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Speci	
D. Decrease Duration Other(	(specify):		9. NAME OF FEDERA	AL AGENCY:	
		-	USDA		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLIC	ANT'S PROJECT:
is. Orthod of Tabatola		10-766	Rural Developme	ant Child Care	The same property of the same
ر ،	·		Rujai Developine	siit Oillia Care	DECEIVED
	Facilities Loans and G				TILOLIVE
12. AREAS AFFECTED BY PRO Earlimant, Farmersville, L		ates, etc.):			APR 5 2004
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:	<u> </u>		STATE CLEARING HOUSE
Start Date Ending Date	a. Applicant	·	b. Project		
7/1/04 6/30/05	21-nı	ınes		21-nu	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO F	REVIEW BY STATE EXECUTIVE
		00	ORDER 12372 PF	ROCESS?	
a. Federal	\$ 9952	14,306			PPLICATION WAS MADE
b. Applicant	\$ 8,143	11,705	1	FOR REVIEW C	E EXECUTIVE ORDER 12372 DN:
c. State	\$	00	DATE		
d. Local	\$	•.			ERED BY E. O. 12372
e. Other	\$	00	OR PRO		BEEN SELECTED BY STATE
f. Program Income	\$	00	17. IS THE APPLICA	NT DELINQUEN	T ON ANY FEDERAL DEBT?
g.\TOTAL	\$ 18,095	26,011	Yes If "Yes,"		·
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICATE APPLICATE APPLICANT AND T	TION ARE TRUE	AND CORRECT, THE WILL COMPLY WITH THE
ATTACHED ASSURANCES IF					·
a. Type Name of Authorized Rep Jlm Vidak		b. Title County Superinten	dent of Schools	c. Telephone N (559) 733-6	
d. Signature of Authorized Representation	esentative			e. Date Signed	-04

**APPLICATION FOR** 



¥. . . .

APPLICATION FOR	OMB Approval No. 0348-0043
EEDEDAL ASSISTANCE 2. DATE SUBMITTED	Applicant Identifier 4, 2004
1. TYPE OF SUBMISSION: 3. DATE RECEIVED B	Y STATE State Application Identifier
Application Preapplication  Construction Construction Non-Construction  Preapplication 4. DATE RECEIVED B  Non-Construction Non-Construction 3-10-04	Federal Identifier
5. APPLICANT INFORMATION	
Legal Name: Tulare County Superintendent of School	Organizational Unit: Child Care Program
Address (give city, county, State, and zip code):	Name and telephone number of person to be contacted on matters involving
Po Box 5091, Visalia CA 93278-5091	this application (give area code) Ray Chavez (559) 651-3022
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	7. TYPE OF APPLICANT: (enter appropriate letter in box)
9 4 - 2 1 9 1 9 0 5	A. State H. Independent School Dist.
8. TYPE OF APPLICATION:	B. County  I. State Controlled Institution of Higher Learning
✓ New ☐ Continuation ☐ Revision	C. Municipal J. Private University
	D. Township K. Indian Tribe E. Interstate L. Individual
If Revision, enter appropriate letter(s) in box(es)	E. Interstate L. Individual F. Intermunicipal M. Profit Organization
A. Increase Award B. Decrease Award C. Increase Duration	G. Special District N. Other (Specify)
D. Decrease Duration Other(specify):	9. NAME OF FEDERAL AGENCY:
	USDA
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
10-766	Rural Development Child Care A
TITLE: Community Facilities Loans and Grants  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
Cutler, Traver	
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:	
Start Date Ending Date a. Applicant 7/1/04 6/30/05 21-nunes	b. Project 21-nunes
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 47,272	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
b. Applicant \$ 38,678	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
c. State DECEIVED .00	DATE
d. Local \$ 5 2004	b. No.   T PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income STATESCLEARING HOUSE 00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 85,950	Yes If "Yes," attach an explanation.
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPL DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF T ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	ICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Representative b. Title	c. Telephone Number
	endent of Schools (559) 733 <sub>7</sub> 6301
d. Signature of Autherized Representative	e. Date Signed
Previous Edition Usable Authorized for Local Reproduction	Standard Fórm 424 (Rev. 7-97) Prescribed by OMB Circular A-102

Authorized for Local Reproduction

FEDERAL ASSISTANC	E	2. DATE SUBMITTED	)	Applicant Ide	entifier	Version 7/
1. TYPE OF SUBMISSION:	1	March 29, 2004 3. DATE RECEIVED I	BY STATE	State Applica	ation Identifier	· · · · · · · · · · · · · · · · · · ·
Application	Pre-application	4. DATE RECEIVED BY FEDERAL A		, , , , , , , , , , , , , , , , , , , ,		
Construction  Non-Construction	Construction Non-Construction	1	DI FEDERAL AGENCI	AGENCY Federal Identifier		
5. APPLICANT INFORMATION	N NON-CONSTRUCTION					***************************************
Legal Name:			Organizational Uni	t:		
City of Lindsay Organizational DUNS:						
004953261			Division:			
Address: Street:			Name and telephor involving this appl		erson to be contacte ea code)	ed on matters
251 E. Honolulu			Prefix:   First Name:			
City: Lindsay	Middle Name B.					
County: Tulare			Last Name Townsend			
State: CA	Zip Code 93247		Suffix:			<del></del>
Country: USA	<del> </del>		Email:			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	and the second s	scotbtownsend@lindsay.ca.us  Phone Number (give area code)  Fax Number (give area code)			
94-6000357	1.		559-562-7103		559-562-7100	,
8. TYPE OF APPLICATION:		72.	7. TYPE OF APPLICANT: (See back of form for Application Types)			ion Types)
Nev f Revision, enter appropriate let	Continuation	n Revision	C - Municipal			
See back of form for description of letters.)			Other (specify)			
Other (specify)	Other (specify)			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE T		CANT'S PROJECT:	
TITLE (No. of Day		10-769	Address: 104 Apia, L	indsay, CA - AF		ortv
TITLE (Name of Program):			development.	novements to as	asiat in business propi	orty
12. AREAS AFFECTED BY PR		s, States, etc.):				
Lindsay, Tulare County, Califorr  13. PROPOSED PROJECT	nia, USA		<u> </u>	Y-17-11-11-11-11-11-11-11-11-11-11-11-11-		
Start Date:	Ending Date:	·	a. Applicant	AL DISTRICTS	OF: b. Project	
Oct. 2004 15. ESTIMATED FUNDING:	Feb. 2005	of the state of th	21	·	21	
			16. IS APPLICATION ORDER 12372 PROC	ESS?		
a. Federal USDA b. Applicant c. State	TIED \	44,266	AVAILAB	LE TO THE STA	APPLICATION WAS	
o. Applicant		00		S FOR REVIEW	√ ON	
c. State	5 2004	<b>\</b>	DATE: 3	/29/04		
d. Local A			b. No. IT PROGRA	M IS NOT COVI	ERED BY E. O. 1237	2
e. Other \ \$	- FARING HOUSE	.00	OR PROC		F BEEN SELECTED E	BY STATE
Program Income STATE	CLEARING HOUSE	.00	17. IS THE APPLICA		IT ON ANY FEDERA	L DEBT?
J. TOTAL \$		44,266	☐ Yes If "Yes" attach	an explanation.	☑ No	
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF T	AUTHORIZED BY THE (	ALL DATA IN THIS API	PLICATION/PREADDLE	CATION ARE TO	DIE AND CORDECT	T. THE VITH THE
. Authorized Representative refix	First Name Scot		Middle	Name		
ast Name	B. Suffix					
ownsend Title		<u></u>		hone Number /-	rive area codo)	
City Manager Signature of Authorized Repres	c. Telephone Number (give area code) 559-562-7103 e. Date Signed					
1 X gene	e. Date March	Signed 26, 2004				
revious Edition Usable uthorized for Local Reproduction	1				Standard Form 424 Prescribed by OMB 0	(Rev.9-2003) Circular A-102

APPLICATION FOR	_	O DATE CUDANTED		A = 1   = = + 1   d = =	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED April 2, 2004		Applicant Ider		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Applicat	State Application Identifier	
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Uni	t:		
Agricultural Education Committe	ee		Department:			
Organizational DUNS: 135210818			Division:			
Address:		Name and telephone number of person to be contacted on matters				
Street: 651 Tank Farm Road			involving this application (give area code)  Prefix: First Name:			
City:			Middle Name	Lorraine		
San Luis Obispo			Middle Name			
County: San Luis Obispo			Last Name Clark			
State: CA	Zip Code 93401		Suffix:			
Country: USA			Email: lorraine@slofarmbureau.org			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)	
77-0449080			(805) 543-7356		(805) 543-3697	
8. TYPE OF APPLICATION:	1		7. TYPE OF APPLIC	CANT: (See back	of form for Application Types)	
☑ New		n 🔲 Revision	O. Not For Profit Or	ganization		
If Revision, enter appropriate lette (See back of form for description			Other (specify)	<b>3</b>		
Other (specify)			9. NAME OF FEDER USDA - Rural Devel			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE 1	TITLE OF APPLI	CANT'S PROJECT:	
		10-769	Central Coast Agric	ultural Tourism P	rogram Development	
TITLE (Name of Program): Rural Business Enterprise Grant	Program					
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	, States, etc.):				
Monterey, San Luis Obispo, and	Santa Barbara Counties	5				
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	IAL DISTRICTS	DF: b. Project	
June 1, 2004	May 31, 2005		22		17, 21, 22	
15. ESTIMATED FUNDING:	0		<b>ORDER 12372 PRO</b>	CESS?	REVIEW BY STATE EXECUTIVE	
a. Federal	INEU	99,500			/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	5 300A		PROCESS FOR REVIEW ON			
c. State	) o ce	.00	DATE: /	April 2, 2004		
d. Local \$	BINGHOUSE		b. No. 🗍 PROGR	AM IS NOT COV	ERED BY E. O. 12372	
e. Other	CLEARING HOUSE	106,240	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income \$11.5		.00			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		205,740	Yes If "Yes" attac	ch an explanation	. No	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (	GOVERNING BODY OF T				
a. Authorized Representative Prefix	Firet Name		K A; 2 -21	o Namo		
	First Name Lorraine			e Name	147.00	
Last Name Clark		Suffix				
o. Title Coordinator	1	$\sim \Lambda \rho$	(805)	ephone Number 6 543-7356	give area code)	
d. Signature of Authorized Repres	seniative ////	amil'In		te Signed 1 2004		

FEDERAL ASSISTANCE		2. DATE SUBMITTED  March 19, 2004		Applicant Identifier		
1 TYPE OF SUPMISSION	7					
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	Y STATE	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction	THE RECEIVED BY	I I EDERAL AGENCY	rederal identilier		
5. APPLICANT INFORMATION						
Legal Name: 1-5 Business De	velopment Co	rricloc Tro	Organizational Unit:	same		
Address (give city, county, State,	and zip code):	777007) 7270.	Name and talanhana			
P.O. Box 487		Name and telephone number of person to be contacted on matters involvin this application (give area code)				
Tranquillity CA		Richard Fosse (559)855-6850				
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)  [N]		
2 7/05 05 100 1017		A. State H. Independent School Dist.				
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
⊠ New	Continuation	Revision	C. Municipal	J. Private University		
If Pavision, anter appropriate lett		٦	D. Township	K. Indian Tribe		
If Revision, enter appropriate letter(s) in box(es)			E. Interstate	L. Individual		
A. Increase Award B. Dec	rease Award C. Increas	o Duration	F. Intermunicipal	M. Profit Organization		
	specify):	e Duration	G. Special District	N. Other (Specify)non-protit		
	5p 0 0 11 y y .		9. NAME OF FEDERA	AL AGENCY:		
-		Made Andrews (Appropriate Company of the Company of	4.5	.D. A.		
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
		T = On / 11 an / on Fun /				
TITE DREC	Tach Arrived	10-769	I.5 Revolving Loan Fund / Business Development '			
TITLE: RBEG-	1ech 195157-51	nall business	Business Development			
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ites, etc.):	1303/11200			
Coalinga. Fireba Mendota. Trang	ugh Kerman	· Huron·				
13. PROPOSED PRÒJECT	14. CONGRESSIONAL DI D. Cardoza-1	stricts of: 18th & B. Rada	novich-19th	· C. Dooley - 20th		
Start Date Ending Date	a. Applicant		b. Project			
7-1-04 6-30-06	I-5 BUC,	Inc.	I.5 RLF an	d Business Development		
15. ESTIMATED FUNDING:	·		16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. Federal	\$	00	1			
	99,	500	a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE		
b. Applican DECEIV	En 25	CCO	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372		
c. State	\$	00	PROCESS	FOR REVIEW ON:		
1 1		•	DATE	3/23/04		
d. Local APR 5	2 <del>0</del> 04	60	DATE			
	74, 5	500	b No T PROGRA	AM IS NOT COVERED BY E. O. 12372		
e. Other STATE CLEARING		,00		GRAM HAS NOT BEEN SELECTED BY STATE		
f. Program Income	\$	.00	1 OKKEV	TEVY		
		00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 199,0		Yes If "Yes," a	attach an explanation. 🔀 No		
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALI	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TON ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE GO	VERNING BODY OF THE	E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized Repr	esentative	h Title	I.5,	c. Telephone Number (569) 855-6850		
	55e	Executive Dir	ECTOR BIX, IN	c (369) 855-6850		
d. Signature of Authorized Repres	sentative		·	e. Date Signed 3/23/04		
Previous Edition Usable	<u></u>			Standard Form 424 (Pay 7.07)		

APPLICATION FOR PTFP FUNDS

## Public T communications Facilities Facilities For International Public T Communications Facilities Facilities

Program	Check here if Revised Form					
For PTFP Use						

OMB Approval

MB Approval 660-0003		1411/ 020pa.	CFD	A 11.550	* *	Use	en e	
APPLICATIO	<u> </u>	<del></del>			2. Er ID #	nployer (EIN) 94	-6003272	
I. APPLICA			1-11		3 D	uns# <u>15</u>	-083-7003	
_egal Name	California Sta	te University Fresno F	oundation		Main			
Organizational Unit	KFSR FM			. *	Station Call Letters	KFSR FM Radio		TV Channel
Mailing Address (line 1)	5201 N. Mapl	е				Radio	. HILL 122	
Address (line 2 f required)	Mail Stop SA	119				Fronno	7ir	93740
City	Fresno			State CA	Coun	ty Fresno	<b></b>	30140
4. Administrat	ive Contact		E-m	nail joem1@csufre	esno.edu			
Mr Ms	., Dr. First Name	. <b>M. I.</b>	Last Name		Jr. etc	Position	longger	•
Mr.	Joe	<u>N</u> .	Moore			Station M	lanagei	
Phone # <u>(559</u>	9) 278-2598		FWED	Fax#	(559) 2	78-6985		
5. Engineering	g Contact	MLV	5 2004	Engineer		27-0244		
Full Mr.	Randy L. Stove	r APF	R 5 2004	Engineer Phone	(559) 2	21-0244		
Name Title Chie	ef Engineer			USE E-mail				
The Cine	or Linguitos.	STATE	LEARING HC		7. Enter "	/" if new		8. Enter the
PROJECT	INFORMATION	6a. Enter "Y Reactive		6b. Old File#	FCC au	thorizations	<u>N</u>	Priority or Category
	s) to classify project		· · · · · · · · · · · · · · · · · · ·			-		under which you request
g. Enter letter(	2	(R)adio or (T)V R	(B)roadcast or (Nor (BN) for both	N)onbroadcast B	10.Length Project months	(# of .	6	the application be reviewed
Enter the population C	pulation in the column facility: translat	repeater, augment 8 EQUIPMER	ROADCAST CON NT Or I	DIGITAL rersion of public radio a	NONBRO	ansion	12. Single Congressiona District of Applicant	21
Served by st	ation	500,0	00				13. Other Cong. o project (e.g. P	istricts served by A 1-3, NY 4, 5-9)
First Service NEW propos	added by sed facility	0	•	ed in the side of the last of the side of			21, 20, 18	
ADDED SEF	RVICE to	500,0	00					
under de la		1 300,0	7					
		- / 1	15. is applicati	on subject to review by	y Executive O	rder 12372?	16. Is appl any Feder	icant delinquent on al Debt?
		G (whole dollars)	1 / 1/20 71	his application was ma tate EO 12372 proces	de available 1	to the	2117 1 000	
a. Federal Re	equest v	6,802		12372 proces 13/29/2004	P IOI IOVICIO		NO TOUR	
b. Applicant S	Share \$	6,802	_	Program is not co	vered by EO	12372	Enter YES If YES, at	ach explanation.
c. TOTAL	\$	13,604	NO	or Program has n State for review				
d. Fed. % of	eligible costs	50.00_ %					1/2 x	
1	et has been duly a	AUTHORIZED REPRE	SENTATIVE	applicant and are are	plicant will c	d belief, all da omply with t	ata in this applicati he attached assi	on are true and cou urances and the P
Rules if the	assistance is arraide	d. M. I.	Last Name	Phone # (559 ) 2	78-0840 Jr. etc	Position		
Mr., Ms., Dr.	First Name	M. I.				Assoc	iate Vice Pres	المناسلة
		***	MaClanaha	nn · ·		73300	ICIO TICO I ICO	gent
Dr.	Thomas	Tenns In les	McClanaha	<u>an                                    </u>	Date	***************************************	129/04	dent

kfsr

## APPLICATION FOR PTFP FUNDS PAGE 2

### Scommunications Facility > Program NTIA/Department of Commerce/Washington DC 230 CFDA 11.550 Public 1

OMB Approva

. Summary of application (Sulublic radio station KFSR atellite System), in orde	r to provide pro	gramming currently	not avail	lable in this	area.				
				4					
	Sec. 6			·				NEXT YEAR	IF PROJEC
. Types of Applicant (Enter a	ppropriate letter in b	ox)		20. Station Opera	i 1 tions r	THIS	YEAR		IDED
	vate University			<b>Op</b>	,	Number	Hrs./Wk	Number	Hrs./Wk
3. County K. Ind	lian Tribe ividual (NOTE: Not elig	pible for PTFP funding)	÷	Full-1	ime Staff	. 0	0	1	5
D. Township M. No. Interstate O. Ot	n-profit her (specify)			Part-1	ime Staff	5	25		2
F. Intermunicipal G. Special District H. Independent School District				V	olunteers	42	3	42	2
I. State Controlled Institute of Higher learning				Operatir	ng Budget	\$	93,200	\$	125,00
						·			
								4	
. Public Broadcasting Affiliati	ons	Check if nonbroadcast	0.04		Members	hip in national as appropriate	public broado	asting organi	zations.
. Public Broadcasting Annies		application and therefore Not Applicable	Q. 21		PBS		NFCB PR	I Othe	Other
Enter "Y" if applicant is currently CPB qualified						1		·	
	Date of e	xpected qualification		This year		Y	<u>'</u>		
If applicant is NOT currently CPB qualified, enter "Y" if qualification	2005/200	ne l		Next year		Y	<u> </u>		
(circle one)  Have y anothe Please page.  A. List all public radio, TV staype signal to the proposed se	provide information	i to apply to, or received or this project or a relate regarding funds from C es which provide a simil FM, Grade B for TV). Call Letters	PB or oth	m, the Corpo er Federal ful  25. Areas affected by this Project (Cities, Counties, States,	The cit	Remarks sections of Frest County, Cities of Madia County, Cities of Ci	no, Clovis, A. era, Oakhu	Fowler and	
Fresno, CA		KVPR Call Letters KFCF		Etc.)					
		Call Letters  KFCF Call Letters				· ·		•	
Fresno, CA		Call Letters  KFCF Call Letters  KSJV		Etc.)	ad to this n	age if necess	arv)	•	
Fresno, CA City Fresno, CA REMARKS (continuation of an	ny items from page 1	Call Letters  KFCF Call Letters  KSJV		Etc.)	ed to this p	age if necess	ary)	•	
Fresno, CA	ny items from page 1	Call Letters  KFCF Call Letters  KSJV		Etc.)	ed to this p	age if necess	ary)		

1 #304 Approved: 3/25/04 Version 7/03

APPLICATION FOR	_	O DATE CURINITIES			Version 7/0		
FEDERAL ASSISTANCI	_	2. DATE SUBMITTED		Applicant Ide AIP3-06-008	entifier 37FYI FFY2004		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier See Attached Sheet			
Construction	☑ Construction	4. DATE RECEIVED E	BY FEDERAL AGEN				
☐ Non-Construction	Non-Construction						
5. APPLICANT INFORMATION Legal Name:			Organizational	linit:			
CITY OF FRESNO			Department:				
Organizational DUNS:			TRANSPORTAT	ION			
17-678-5079 Address:			AIRPORTS				
Street:			involving this a	none number of p pplication (give ar	person to be contacted on matters rea code)		
4995 EAST CLINTON WAY			Prefix: MR.	First Name: KEVIN			
City: FRESNO			Middle Name	112711			
County: FRESNO			Last Name MEIKLE				
State: CA	Zip Code 93727		Suffix:				
Country: UNITED STATES	1 0012		Email:				
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Kevin.Meikle@fr		Fax Number (give area code)		
94-6000338	. ,		559-621-4536	give area code;	559-498-5549		
8. TYPE OF APPLICATION:	J		7. TYPE OF APE	LICANT: (See ba	ck of form for Application Types)		
<b>☑</b> Nev		n Revision	C. MUNICIPAL	•	теринали туроо,		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)				
Other (specify)				DERAL AGENCY: TION ADMINISTRA	ATION		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	. 1		ICANT'S PROJECT:		
TITLE (Name of Program): AIRPORT IMPROVEMENT PRO	OGRAM (AIP)	21-106	Fresno Yosemite Compatibility Pro CNEL Contours	gram Acoustically	ort FAR P art 150 Noise Treat Residences in the 65-75		
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties	, States, etc.):					
Fresno County			<u> </u>				
13. PROPOSED PROJECT Start Date:	Ending Date:\		a. Applicant	ONAL DISTRICTS	b. Project		
10/2004	09/2006		18th		18th		
15. ESTIMATED FUNDING:	TIEV		ORDER 12372 PF	ROCESS?	REVIEW BY STATE EXECUTIVE		
a. Federal b. Applicant	2 102	2,000,000	_ a. res. L. AVAI	PREAPPLICATION LABLE TO THE STORM TH	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372 W.ON		
c. State	CLEARINGHOUSE	105,263	DATE				
d. Local \$	CLEARINGHE	.00	b. No. 🖺 PRO	GRAM IS NOT CO	VERED BY E. O. 12372		
e. Other		.00		ROGRAM HAS NO	OT BEEN SELECTED BY STATE		
f. Program Income \$		.00	17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		2,105,263 ·		tach an explanatio			
18. TO THE BEST OF MY KNOV DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	UTHORIZED BY THE C	<b>GOVERNING BODY OF</b>	PLICATION/PREAP THE APPLICANT A	PLICATION ARE IND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE		
a. Authorized Representative Prefix MR.	First Name SEVERO		Mid	ddle Name			
Last Name ESQUIVEL		01	Su	ffix			
b. Title INTERIM DIRECTOR OF TRANS	SPORTATION /			Telephone Number 9-621-4600	(give area code)		
d. Signature of Authorized Repres	entative		<del></del>	S-4- O'- 1	2-14-04		
Previous Edition Usable Authorized for Local Reproduction	O O	7	1		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102		





Telephone: (559) 233-4148 ◆ Fax: (559) 233-9645 Website Address: www.fresnocog.org

April 17, 2002

Kevin Meikle 4995 E. Clinton Way Fresno, CA 93727

Dear Mr. Card:

SUBJECT:

Regional Clearinghouse Review # 05-2004-058
Airport Improvement Program

Your grant proposal has been reviewed by the *Regional Clearinghouse*. The Council of Fresno County Governments considered your proposal on March 25, 2004, and determined that it would not conflict with any regional or local plans or programs and that official comment is not required. This letter serves as notice that you have complied with the review requirements of the *Regional Clearinghouse*. We have enclosed a copy of your approved application. If you have any questions concerning this matter, please feel free to contact me at 233-4148.

Sincerely,

MARYANNE SLAVEN, Planning Coordinator Council of Fresno County Governments

anjane

cc: State Clearinghouse

encl.

APPLICATION FOR				OMB Approval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED  March 4	1, 2004	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Preap licatio	3. DATE RECEIVED BY	STATE	State Application Identifier
Construction  Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Tulare County Superi		ol	Organizational Unit: Child Care Pro	
Address (give city, county, State, Po Box 5091, Visalia			this application (give a	number of person to be contacted on matters involving rea code) (559) 651-3022
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
9 4 - 2 1 9 1	9 0 5		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
☑ New	Continuation	Revision	C. Municipal	J. Private University
[₹] View	Continuation		D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
		J ————————————————————————————————————	F. Intermunicipal	M. Profit Organization
A. Increase Award B. Decr D. Decrease Duration Other(s		e Duration	G. Special District	N. Other (Specify)
		•	9. NAME OF FEDERA	AL AGENCY:
			USDA	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
	•	1 0 — 7 6 6	Rural Developme	ent Child Care A
TITLE Community	Facilities Loans and G	conte		
12. AREAS AFFECTED BY PRO			-	
Cutler, Traver	<b>30231</b> (01033, 000111033, 00	arcos, <i>cro.)</i> .		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
7/1/04 6/30/05	21-n	unes		21-nunes
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 P	ROCESS?
a. Federal	\$	47,272		APPLICATION/APPLICATION WAS MADE
b. Applicant	S CONTRACTOR OF THE PARTY OF TH	38,678		E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	EIVED	.00	DATE	· .
d. Local AF	R 5 2004	.00	b. No.   PROGR	AM IS NOT COVERED BY E. O. 12372
e Other	9	00		GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income STATE	GLEARING HOUSE	00		
g. TOTAL	\$	00	<b>-</b>	NT DELINQUENT ON ANY FEDERAL DEBT?  attach an explanation.
18 TO THE DEST OF MY KNOW	WI EDGE AND BELLEE AL	85,950		TION ARE TRUE AND CORRECT, THE
	AUTHORIZED BY THE G	OVERNING BODY OF T		THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep Jlm Vidak	presentative	b. Title County Superinte	ndent of Schools	c. Telephone Number (559) 733 <sub>7</sub> 6301
d. Signature of Authorized Repre	esentative			e. Date Signed
Previous Fution Leable				Standard Form 424 (Rev. 7-97)

Authorized for Local Reproduction

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	· =	2. DATE SUBMITTED		Applicant Ide	Version 7/03
				Applicant ide	Huller
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	lfler
Non-Construction  5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit:		·
San Diego State University Fou	ndation	•,	Department: San Diego State Unive		
Organizational DUNS:			Division:	∋lallÀ	
073371346 Address;		-	Geography		4.1
Street; 5250 Campanile Drive			involving this applies	ation (give are	erson to be contacted on matters ea code)
			Prefix: Mr.	First Name: Eugene	^
City: San Diego			Middle Name		
County: San Diego			Last Name Stein		
State; CA	Zip Code 92182-1931	•	Suffix:		
Country: USA			Email: awards@foundation.se		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give an		Fax Number (give area code)
95-6042721			619-594-5731		619-582-9164
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See back	k of form for Application Types)
If Revision, enter appropriate lette (See back of form for description of the form (Crossific)	☐ Continuation r(s) In box(es) of letters.)	[i Revision	Other (specify) Non-Profit		
Other (specify)		•	9. NAME OF FEDERA	L AGENCY:	
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE	NUMBER;	11. DESCRIPTIVE TIT	LE OF APPLIC	CANT'S PROJECT:
TITLE (Name of Program): Coastal Zone Management Estua 12. AREAS AFFECTED BY PRO	rine Research Reserve JECT (Cities, Countles,	1 1-4 2 0  States, etc.):	Dispersion patterns an the Tijuana River Natio	d associations onal Estuarine	of invasive exotic plants within Research Reserve
California USA and Baja Calalforn			.*		
13. PROPOSED PROJECT			14. CONGRESSIONAL	DISTRICTS (	DF:
Start Date: 06/01/2004	Ending Date: 05/31/2005		a. Applicant 53		b. Project
15. ESTIMATED FUNDING:	03/3 //2003				VERIOUS REVIEW BY STATE EXECUTIVE
a. Federal 5		- 00	ORDER 12372 PROCE	SS?	
p. Applicant \$		00	AVAILABLE		VAPPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON
State / RECE	VER	8,572	DATE: 03/	12/2004	
I. Local S	VED	00	b. No. 🎞 PROGRAM	I IS NOT COVE	ERED BY E. O. 12372
o, Other	2004	- uu	OR PROGE		BEEN SELECTED BY STATE
Program h&mate CLEADING		<b>о</b> в '			T ON ANY FEDERAL DEBT?
. TOTAL	HOUSE	28,572	Yes If "Yes" attach a		₽ No
8. TO THE BEST OF MY KNOW! OCUMENT HAS BEEN DULY AU ITACHED ASSURANCES IF THI	THORIZED BY THE GO	VERNING BODY OF TH	ICATION/PREAPPLICATE APPLICANT AND T	ATION ARE THE APPLICAN	RUE AND CORRECT. THE
. Authorizod Representative refix Fi s. C	rst Name amille		Middle N	ame	
ast Name ebeker			Suffix		
Title sterim, Assistant VIce President fo			c. Teleph 619-594-	one Number (g	live area code)
Signature of Authorized Represer	tative /,	· Ville		igned 7 /	104

PLICATION FOR DERAL ASSISTANC	E	2. DATE SUBMITTED	1/02/04	Applicant Identi	
PE OF SUBMISSION:		3. DATE RECEIVED BY		State Application	on Identifier
lication	Pre-application	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifi	er
Construction	Construction				
Non-Construction	Non-Construction				
PPLICANT INFORMATIO	N .		Organizational Unit	<u> </u>	
al Community Assistance	Cornoration (RCAC)	ur.	Department: Corporate Developm	nent Department	
anizational DUNS:	50(ps)(aller) (		Division:		· _
093587	368		Name and telephor	ne number of per	rson to be contacted on matter
iress:			involving this appl	ication (give area	a code)
0 Freeboard Drive, Suite 2	201	•	Prefix:	June	MECENT
/:			Middle Name		
r: est Sacramento		1	Last Name		AFK 2 200
unty: o County			Ölőw Suffix:		1 4 200
te:	Zip Code 95691				STATE CLEARING HO
untry:		<u> </u>	Email: jotow@rcac.org		J.CARING HO
A ** MPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Number (give	e area code)	
			360/565-8456		360/565-8457
94-251228 TYPE OF APPLICATION:	4		7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)
TYPE OF APPLICATION:	lew 🔲 Continua	tion Revision	O. Nonprofit organi	ization	
ovision, enter appropriate	letter(s) in box(es)	•	Other (specify)	•	4
e back of form for descript	ion of letters.)				
	62-3		9. NAME OF FEDE	ERAL AGENCY:	-in-se Cooperative Service
her (specify)			LUSDA Hural Deve	lopment, Hurai bu	ISINESS Cooperative Service
, .	L DOMESTIC ASSIST/		11. DESCRIPTIVE	TITLE OF APPL	Isiness Cooperative Service ICANT'S PROJECT: Forgivable Loan Project, RCAC of boursing developers for housing
ther (specify)  CATALOG OF FEDERA  TLE (Name of Program): ural Business Enterprise C	aranis	10-769	11. DESCRIPTIVE	TITLE OF APPL ing Preservation I bans to affordable	ICANT'S PROJECT: Forgivable Loan Project, RCAC v housing developers for housing
TLE (Name of Program): ural Business Enterprise G	erants PROJECT (Citles, Cour	1 0 - 7 6 9  nties, States, etc.):	11. DESCRIPTIVE Through the Hous make forgivable to preservation proje	TITLE OF APPL ing Preservation I bans to affordable ict feasibility studi	ICANT'S PROJECT: Forgivable Loan Project, RCAC v housing developers for housing es.
TLE (Name of Program): ural Business Enterprise G 2. AREAS AFFECTED BY K, AZ, CA, CO, HI, ID, MT	erants PROJECT (Cities, Cour , NV, NM, OR, UT, WA a	1 0 - 7 6 9  nties, States, etc.):	11. DESCRIPTIVE Through the Hous make forgivable to preservation proje	TITLE OF APPL ing Preservation I bans to affordable ict feasibility studi	ICANT'S PROJECT: Forgivable Loan Project, RCAC of housing developers for housing es.  S OF: The Project
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APPLICATION FOR		PH			Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED 3-30-2004		Applicant Ide	ntifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Ident	ifier		
	Non-Construction						
5. APPLICANT INFORMATION	a non construction	······································					
Legal Name:			Organizationa Department:	l Unit:			
Proteus, Inc.			N/A				
Organizational DUNS: 145727889			Division: N/A				
Address:					erson to be contacted on matters		
Street: 1830 N. Dinuba Blvd.	ė		Involving this Prefix:	application (give are First Name:	ea code)		
Ott.			Mrs.	Shawna			
City: Visalia			Middle Name M.				
County: Tulare			Last Name Goodwin				
State: California	Zip Code 93291		Suffix: N/A				
Country: United States			Email: Shawna@prote	eusinc.org			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Phone Number	(give area code)	Fax Number (give area code)		
94-2184330			(559) 733-5423	ext. 260	(559) 738-1137		
8. TYPE OF APPLICATION:			7. TYPE OF AF	PPLICANT: (See bad	ck of form for Application Types)		
☑ New	Continuation	n 🔲 Revision	0	·	.,		
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)		Other (specify)				
Other (specify)			9. NAME OF F	EDERAL AGENCY:			
N/A			USDA Rural De	evelopment Agency			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	1	IVE TITLE OF APPL			
		10-769			a Basic Culinary Class in Dinuba, a and "hands on" experience,		
TITLE (Name of Program): Rural Busines's Enterprise Grant			students will ac	quire necessary skill	s and knowledge preparing for a		
12. AREAS AFFECTED BY PRO		, States, etc.):	career in this h	igh-demanding field.			
Tulare County- Dinuba, Californi	a	, , , , , , , , , , , , , , , , , , ,					
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant 21st		b. Project Rural Business		
7/1/2004 15. ESTIMATED FUNDING:	6/30/2005			ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FONDING.			ORDER 12372	PROCESS?			
a. Federal \$		50,000 ·			N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372		
b. Applicant \$		98,103	4	OCESS FOR REVIE			
c. State	MINIETY	90,100	DA	TE: 3/10/2004			
d. Local	CEIVED	.00	b. No. 🗇 PR	OGRAM IS NOT CO	VERED BY E. O. 12372		
e. Other \$	APR 2 2004		1	PROGRAM HAS NO	OT BEEN SELECTED BY STATE		
f. Program Income \$		.00		R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
CTAT	E CLEARING HOUS	3 <b>-</b> 00					
g. TOTAL	Section of the sectio	148,103	Yes If "Yes"	attach an explanatio	n. 🛮 🖾 No		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T					
a. Authorized Representative	TIL AUGIOTANCE IS AT	matu.					
Prefix Mrs.	First Name Armie			Middle Name			
Last Name Tolentino		<u>\</u>		Suffix			
b. Title Controller	1			c. Telephone Number (559) 733-5423 ext. 2			
d. Signature of Authorized Repres	sentative	2.1:1	*	e. Date Signed 3/30/2004			
Previous Edition Usable	1	·w/W		0.0012007	Standard Form 424 (Rev.9-2003)		

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### Standard Form 424

APPLICATION FOR	}			OMB Approval No. 0348-00
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier
Application Construction Non-Construction	Preapplication Construction Non-Construction		Y FEDERAL AGENCY	Federal Identifier CA - 90 - 239 - 01
5. APPLICANT INFORMATION				
Legal Name: Antelope Vall	ey Transit Au	athority	Organizational Unit:	
Address (give city, county, State	e, and zip code):		Name and telephone	number of person to be contacted on matters involve
1031 West Ave Lancaster, CA	. 4 4 7 2 1 -	GE V	this application (give a	
6. EMPLOYER IDENTIFICATION	7 1 1 9	APR 4 2004	7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
8. TYPE OF APPLICATION:	w Continuation	CLEARING HO	A. State B. County C. Municipal	H, independent School Dist.  I. State Controlled Institution of Higher Learning J. Private University
Il Revision, enter appropriate let			E Interstate	K. Indian Tribe L. Individual M. Profit Organization
A. Increase Award B. Dec D. Decrease Duration Other	crease Award C. Increase (specify):	Duration	G. Special District	N. Other (Specify)
A STATE OF THE STA			U.S. Depa	rtment of Transportation
10. CATALOG OF FEDERAL D	OUPETIC A COISTANCE NI	MOED.		LE OF APPLICANT'S PROJECT:
Federal Transi Grants (Urban 12 AREAS ÁFFEOTÉS BY PRO Antelope Valle Los Angeles Co	Area Formula NECT (Cities, Countles State y portion of	northern	of 11 replace the purchas coaches, as	sistence for the purches ement commuter coache e of two expansion comm d additional funding truction of Maint tops facility
	14. CONGRESSIONAL DIST			Major 10 pstaction
Start Date Ending Date 2-02 9-04	a. Applicant 25		b. Project 25	)
15. ESTIMATED FUNDING:			16, IS APPLICATION S ORDER 12372 PRO	UBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$ 5,519,4	93.		PLICATION/APPLICATION WAS MADE
o. Applicant	And the second s	.40	AVAILABLE .	TO THE STATE EXECUTIVE ORDER 12972 OR REVIEW ON:
. State		,60	DATE	
. Local	1,379,87	4 .**	b. No. 13 PROGRAV	I'S NOT COVERED BY E. O. 12372
. Other		,68	OR PROGE	MAN HAS NOT BEEN SELECTED BY STATE
Program Income	\$	.00		DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	6,899,36	7	Yes If "Yes," att	ach an explanation. \ No
ATTACHED ASSURANCES IF T	NUTHORIZED BY THE GOVE HE ASSISTANCE IS AWARI	ERNING RODY OF THE	TIONPREAPPLICATION APPLICANT AND THE	N ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH THE
Type Name of Authorized Repre Ronald D. Cunn	esentalive b.	Tille Finance Ma		Telephone Number 661-726-2616 Ext 200
Signature of Authorized Repress	ontative	- ,	9.	Date Signed
revious Edition Usable Uthorized for Local Reproduction	Jan			Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

### **APPLICATION** FOR PTFP FUNDS

Check here	if
Revised Fo	rm

OMB Approval 0660-0003

Public To communications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

For PTFP CFDA 11.550

For PTFP Use

APPLICATION PAR	ΤI
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							······································	
1. APPLICA	NT			2. Emp ID # (E	21813	5-600190	8	·
_egal Name Organizational	Los Angeles Unified Scho	ol District		3. DUN	vs# <u>0</u>	8-389-562	23	
Unīt	KLCS		-	Main Station Call			KLCS TV	58
Mailing Address (line 1)	1061 W. Temple St.			Letters	Radio	) MHz	TV	Channel
Address (line 2 if required)		-						
City	Los Angeles		State <u>CA</u>	County	Los Anç	geles	Zip <u>9001</u>	2-1590
4. Administrati	ive Contact		E-mail jwg@klcs.org					
_	Dr. First Name	M. I. Last Name		Jr. etc P	osition			
Dr.	Janalyn	W Glymph			General	Manager		/ Press para
Phone # (213	) 241-4073		Fax #	(213) 481	-1019		EUEI	VED
5. Engineering	Contact			,		1	APR 2	2004
Full Mr. A Name	Alan Popkin		Engineer Phone	(213) 241	-4029			##O1
Title Direc	ctor of Engineering and Tele	evision Operations	E-mail	alan.popki	n@laus	STAT d.net	E CLEARIN	IG HOUS
								The state of the s
PROJECT II	NFORMATION 6	a. Enter "Y" if Reactivation N	6b. Old File #	<ol><li>Enter "Y" if FCC autho</li></ol>	rizations l	N	Priorit	
9. Enter letter(s)	) to classify project			are require	d			which
(P)lanning or (C)onstructio	(R)adio or (T)V	T (B)roadcast o	or (N)onbroadcast B	10.Length of Project (# c	of _	12	the ap	equest oplication viewed
				months)				
<ol><li>Check ONE</li><li>Enter the popu</li></ol>	line which best describes your pro- lation in the NEW BROADCAST		of persons that the project				Bro	oadcast C
appropriate col	lumn facility; repeater, translator.	augment BROADCAST	conversion of public radio action TV station	NONBROADC ivation or expansio	AS I	12. Single Congres	sional	
Population Cur Served by stati				. *.		District o Applican	f	
,			16,689,591			13. Other Co	ng. districts serve	ed by
First Service ad NEW proposed							.g. PA 1-3, NY 4, 7-28, 30-39	
ADDED SERVI						0/120, 2	7 20, 00 00	, 40
those covered I	by others							
	TED FUNDING (whole dollar		ation subject to review by E		2372?	16. Is a any Fed	pplicant delinqui leral Debt?	uent on
a. Federal Requ	est \$124,000	YES	This application was made State EO 12372 process fo	available to the r review on		•		
b. Applicant Sha	sre \$186,000		03/31/2004			NO Enter Y	ES or NO	
c. TOTAL	\$ 310,000	NO _	Program is not covere	ed by EO 12372			attach explana	tion.
d. Fed. % of elia			or Program has not be State for review	een selected by				
	40.00 <u>40.00</u>							
	CATION BY AUTHORIZED			ledge and belief,	all data ir	this applica	tion are true ar	nd correct.
The document li Rules if the assis	has been duly authorized by the stance is awarded.	governing board of the a	applicant and the applica  hone # (213) 241-6	nt will comply v	with the a	attached ass	surances and t	he PTFP
Mr., Ms., Dr. F	First Name M	1. I. Last Name			sition			
Mr.	Jose	Huizar		Pr	esident,	Board of	Education	
Signature of authorized	Joseph H	~	•			30, 200		
epresentative	Ju- 110	7 3 <u>8</u> - <del>7</del> 7!		signed —		-,	• :	

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FEDERAL ASSISTANC	F	2. DATE SUBMITTE	1	Applicant Id	Version 7		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE			Applicant Identifier		
Application	Pre-application			1 ''	State Application Identifier		
Construction	Construction	1	BY FEDERAL AGENC	Y Federal Ider	tifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational Un	it:			
City of Lindsay			Department: n/a				
Organizational DUNS:			Division:				
Address: Street:			Name and telepho	ne number of p	erson to be contacted on matter		
			involving this app	lication (give ar First Name:	ea code)		
251 E. Honolulu Citv:			Mr.	Scot			
City: Lindsay County:			Middle Name B.				
Tularé	I Zin Code		Last Name	terna (Bisari) ista	the state of the s		
CA	Zip Code 93247						
Country: USA			Email: scotbtownsend@lin		•		
6. EMPLOYER IDENTIFICATIO			Phone Number (give area code) Fax Number (give area code)				
94-6000357			559-562-7103		559-562-7100		
8. TYPE OF APPLICATION: Rev	v 🏻 Continuation	Humi -	7. TYPE OF APPLIC	CANT: (See bad	k of form for Application Types)		
f Revision, enter appropriate lett	er(s) in box(es)	n Revision	Municipal				
See back of form for description	of letters.)		Other (specify)				
Other (specify)			9. NAME OF FEDER				
0. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	USDA Rural Develo	PMENT	CANT'S PROJECT		
		10-766	Lindsay Wellness C	enter	RECEIVED		
TITLE (Name of Program): Community Facilities Loan							
12. AREAS AFFECTED BY PRO	OJECT (Cities Counties,	, States, etc.):	_		AFR 2 2004		
indsay, Tulare County, Californ	ia						
13. PROPOSED PROJECT Start Date:	Fadine Date		14. CONGRESSION	AL DISTRICTS	OF STATE CLEARING HOL		
anuary 2005	Ending Date: June 2006		a. Applicant 21		b. Project		
5. ESTIMATED FUNDING:			16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIVE		
u. Federal \$ U.S.D.A.		7,870,000 ·	- V ITA THIS PR	EAPPLICATION	/APPLICATION WAS MADE		
o. Applicant \$		7,670,000	_ AVAILA	BLE TO THE STA SS FOR REVIEV	ATE EXECUTIVE ORDER 12372		
: State \$		00	DATE: 2	2/6/04			
. Local \$		00	PROCE				
City of Lindsay/Hospital Dis		1,220,000	D. NO. IIII		ERED BY E. O. 12372		
R.C.A.C.		1,000,000	FOR RE	VIEW	TBEEN SELECTED BY STATE		
Program Income \$		.00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?		
. TOTAL \$		10,090,000	Yes If "Yes" attac	h an explanation	. 🛮 🗷 No		
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF T	AUTHORIZED BY THE G	ALL DATA IN THIS AP	PLICATION/PREAPPL	CATION ARE T	PHE AND CORRECT THE		
Authorized Representative refix r.	First Name Coot		Middle	Name p			
r. ast Name	First Name Scot	All the second s	Suffix	Name B.			
Townsend		and Electronic Control					
City Managgr				phone Number ( -562-7103			
Signature of Authorized Repres	entative 7	7 - 7	e. Date	Signed 1/36			
evious Edition Usable				1/ 36	Standard Form 424 (Rev.9-2003		

Previous Edition Usable
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APPLICATION FOR PTFP FUNDS

### Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 For PTFP

Check here if Revised Form

OMB Approval

For PTFP

APPLICATION PART I		CFDA 11			CFDA 11.550	1.550			Use		
1. APPLICA	NT		7					2. ID	Employer # (EIN)	94-1748316	
	Doton	hygical Dra	J	- Fa					r		1912
Legal Name Organizational			aucastin	g Found	dation, Inc.			3. Main	DUNS#	06-913-0607	
Unit Mailing Address	KUSP		Bank Tongan	1º45 Person	MED			Station Call	KUSP	FM 88.9	
(line 1)	203 8t	h Ave.	T	L. L.	VLL			Letters	F	Radio MHz	TV Channel
Address (line 2 if required)	***************************************		\	CO	2 2004						
City Santa Cruz			APR 2			State CA		County Santa Cruz Zip			Zip <u>95062-4610</u>
4. Administrati	ve Conta	ct	STATE	E CLEA	HING HOU	SE pail terryg@	kusp.o	org			
Mr., Ms.,	Dr. First	Name	-	M. I.	Last Nam			Jr. etc	Position	1	
Mr.	Ter	ry		W	Green			with the same of the control of the same	Gene	ral Manager	
Phone # (831)	) 476-28	300				Fa	ıx#	/ 831 <sub>\(\)</sub> 4	76-2802	)	
5. Engineering	Contact					and the second s		+			
Full Mr. T	erry W.	Green				Er Pr	igineer ione	(831) 4	76-2800	)	
	eral Man						mail	g	1		
					, , , , , , , , , , , , , , , , , , ,						
PROJECT IN	IFORM	ATION	66	a. Enter React	"Y" if N	6b. Old File #		7. Enter "Y	ıthorizatior	ns <u>Y</u>	8. Enter the Priority or
9. Enter letter(s)	to classif	y project						are req	uirea		Category under which
(P)lanning or (C)onstruction	<u>C</u>	(R)ad or (R	dio or (T)V T) for both	<u>R</u>	(B)roadcast or (BN) for b	or (N)onbroadcast ooth	В	10.Length Project months	(# of	12	you request the application be reviewed
11 Chook ONE	lina which	boot deposib				f H + - H					
Enter the popula			es your proj ROADCAST			er of persons that the		NONDDO	ADCAST		2
appropriate colu	ımn	facility; repeat translator.	er,	augment EQUIPMI	BROADCAST	conversion of public rador TV station	dio activ	ation or expa	nsion	12. Single Congression	al
Population Curr										District of Applicant	17
Served by static	on		Arragon (Arragon)	760,	000					49.00	
First Service ad-										13. Other Cong. project (e.g. f	districts served by PA 1-3, NY 4, 5-9)
TTETT proposed				0						CA-14, CA- CA-22, CA-	15, CA-17,
ADDED SERVIO										CA-22, CA-	23
				0							
14. ESTIMAT	ED FU	IDING (wh	ole dolla	ars)	15. Is applic	cation subject to revie	w by Ex	ecutive Ord	er 12372?	16. Is appli any Federa	cant delinquent on
a. Federal Reque	est \$		70,590		YES	This application was State EO 12372 pro			the	any redere	Bobt.
o. Applicant Shar	e \$		23,535			03/30/2004	-			NO	-
		************	20,000		NO	Program is no	t covere	d by EO 123	270	Enter YES If YES, atta	or NO ach explanation.
c. TOTAL	\$		94,125			or Program ha		·			
d. Fed. % of eligil	ble costs		75.00	% <del>-</del>		State for revie					
17. CERTIFIC	ATION	BY AUTH	ORIZED	REPRI	SENTATIV	E To the heart of	اا	odeo !!	U_4 -0 1 :	- t- 1-1	
	nas been	duly authoriz				applicant and the	applicar	nt will comp	oly with th	e attached assura	n are true and correct. ances and the PTFP
			<b>.</b>		Loot Name	Phone # (831)			DW	**************************************	
Mr., Ms., Dr. F	irst Name		IV	l. l.	Last Name		,	Jr. etc	Position		

Katie

Ms.

Signature of authorized representative

Date signed President

Olsen

Μ.

### APPLICATION FOR PTFP FUNDS PAGE 2

# Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

OMB Approval 0660-0003

9. Types of Applicant (Enter appropriate letter in box)				20. Station		YEAR	NEXT YEAR IF PROJECT FUNDED	
A. State J. Private Univer	Ope	rations	Number	Hrs./Wk	Number	Hrs./Wk		
County K. Indian Tribe Municipal I. Individual (NOTE: Not eligible for PTFP funding) Township M. Non-profit			Full	-Time Staff	6	40	7	40
E. Interstate O. Other (specify F. Intermunicipal	Interstate O. Other (specify) Intermunicipal Special District Independent School District State Controlled Institute of			Part-Time Staff  Volunteers		20	5	20
H. Independent School District I. State Controlled Institute of Higher learning							115	4
підпет валітіў	M		Operat	ing Budget	115 \$	955,000	_	976,000
Public Broadcasting Affiliations  Enter "Y" if applicant is		nonbroadcast on and therefore Q. 21 icable		Membersl Enter "Y"	as appropriate	public broadca	asting organizat	T
currently CPB qualified					NEK I	IFCB PRI	Other	Other
If applicant is NOT currently CPB qualified.			This year		Υ			
enter "Y" if qualification is expected.	currently CPB qualified, enter "Y" if qualification is expected.				Υ .			
Salinas, CA 948.5 new Soledad, CA 945.5 WPTF367			Mt. Toro Palo Escrito				X	
. Yes (No) Have you applied (circle one) another Federal pr	to, intend to apply	to, or received funds froject or a related project?	m, the Corpora	ation for Pub	lic Broadcasti	ng (CPB) or		
	ormation regarding	g funds from CPB or othe			NYTTEEN TABLE - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		other ito, northern	San Luis
oe signal to the proposed service area (* City	MV for FM, Grad	le B for TV).	ffected by his Project Cities.	Obispo, s	outhern Sa	inta Clara co	ounties, Cali	fornia
Co		ounties, tates,						
		tc.)						
Salinas, CA KHDC								
City Call Letters				•				
San Luis Obispo, CA								i

Org Name: MENDOCINO COMMUNITY HEA UDS Number: 091940

APPLICATION	ON FOR		2. DATE SUBMITTED		Applicant Identifier	applicant Identifier				
FEDERAL A	SSISTANCE		2. DATE SOBMITTED	2/26/2004	Аррисан повише					
1. TYPE OF SUBMISS			3. DATE RECEIVED B	Y STATE	State Applicationt lo	dentifier				
Application	Preapp	Ļ								
Construction  Non-Construct	,	nstruction n-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier 6 H80CS00628-02	-02 6 H80CS00628-02-02				
5. APPLICANT INFOR		ri-construction								
5. APPLICANT INFORMATION  Legal Name: Organizational Unit:										
MENDOCINO C	COMMPNITY HE	ALTH CLINICAL	NOT B							
Address (give city, cour			<u>V 5</u> 111			ontacted on matters involving this				
333 LAWS AVE	llníl	MAR - 3	2004	application (give area code) Linnea Hunter 707.472.4511						
Mendocino										
6. EMPLOYER IDENTI	FICATION NUMBER (	(EIN):		7 TYPE OF APPLICANT	enter apprpriate letter ir	n box) N				
1680259045A1	OTAT	FOIEAR	ING HOUS!	A State	H Independen					
8. TYPE OF APPLICAT  If Revision, enter appro  A. Increase Award  D. Decrease Duratio	New opriate letter(s) in box(e	Continuation  as  as  as  as  as  as  as  as  as  as	Revision	B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District D. Township F. Intermunicipal D. Township F. Intermunicipal C. Special District D. Township F. Intermunicipal F. Intermunicipal F. Intermunicipal F. Special District D. Other (Specify) Private Non-Profit  9. NAME OF FEDERAL AGENCY:						
				HHS, BPHC						
10. CATALOG OF FEI	DERAL DOMESTIC A	SSISTANCE NUMBI	ER:	11. DESCRIPTIVE TITLE O	F APPLICANT'S PROJ	JECT:				
				Community Health Center Budget Period Renewal Application / Non						
Migr	ant Health Centers			Construction						
Corr	nmunity Health Centers	3								
12. AREAS AFFECTE	D BY PROJECT (citie	es, counties, states, e	etc.):							
Mendocino and L	ake County, Cali	ifornia								
13. PROPOSED PROJ			NAL DISTRICTS OF							
Start Date	Ending Date	a. Applicant			Project					
07/01/2003	06/30/2008	1		1						
15. ESTIMATED FUND	DING:	L	16. IS APPLIC	ATION SUBJECT TO REVIE	W BY STATE EXECUT	IVE ORDER 12372 PROCESS				
a. Federal										
		1,342,657.	a. 160. II			AVAILABLE TO THE STATE				
b. Applicant		0.	D.00 DATE 02/27/2004							
c. State				VL12112UUT						
C. State		258,319.	h NO 🗔							
d. Local		0.	PROGRAMIS NOT COVERED BY E.O. 12372							
e. Other		488,313.	.00							
f. Program Income		16,008,503.	00 17. IS APPLICA	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?						
g. TOTAL		18,097,792.	.00	O Yes If "Yes", atlach an explanation ✓ No						
<b>AUTHORIZED BY THE</b>	GOVERNING BODY C	F THE APPLICANT		WILL COMPLY WITH THE		, THE DOCUMENT HAS BEEN DULY ICES IF THE ASSISTACE IS AWARDED.				
a. Typed Name of Aut	thorized Representati	ive		b. Title		c. Telephone Number				
Linnea Hunter				CEO		707.472.4511				
d. Signature of Autho	•	Juntar				e. Date Signed				
Electronically Sig	ined by: Linnea F	unter				2/26/2004				

APPLICATION FOR				1	Version 7/		
FEDERAL ASSISTANCE	<b>E</b> )	2. DATE SUBMITTED		Applicant Ide	entifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Application Identifier			
☐ Construction	☑ Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	SENCY Federal Identifier			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational Unit				
	Lamont Public Util	ity District	Department:				
Organizational DUNS:	08-540-1461		Division:		entre de artista france autorio de espaga proporto apartico por españa de artista de artista de artista de art		
Address:			Name and telephon	e number of p	erson to be contacted on matters		
Street: 8624 Segrue Road			involving this application	cation (give ar	ea code)		
			Prefix: Mr.	First Name:	David		
City: Lamont		ţ	Middle Name Ala	n			
County: Kern			Last Name	Warner			
State: California	Zip Code 93241		Suffix:		And the second of the second o		
Country: United States of Am	erica		Email:	elfhelpenterpris	oc ora		
6. EMPLOYER IDENTIFICATION			Phone Number (give a		Fax Number (give area code)		
95-6004714			(559) 651-1000, ext	•	(559) 651-3634		
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bar	ck of form for Application Types)		
✓ Nev If Revision, enter appropriate lett		n 🔲 Revision		G	φρασιού,		
(See back of form for description		П	Other (specify)				
Other (specify)		لـــا	9. NAME OF FEDERAL AGENCY:  USDA/Rural Development				
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI				
			Lamont PUD Wastev				
TITLE (Name of Program):		1 0-7 6 0			• •		
Wa	ter & Waste Disposal Lo		Design & construction pump station and rela	n of wastewate	r treatment & storage ponds, a		
12. AREAS AFFECTED BY PRO	OJECT <i>(Cities, Counties</i> nt PUD Service area, Ke	•		alou improvom			
13. PROPOSED PROJECT	02 00,7100 1100,710	The County, Camorina	44 CONCRECTION	V DIOTRIOTO			
Start Date:	Ending Date:		a. Applicant	AL DISTRICTS	b. Project		
June 1, 2004		st 31, 2004	20th		20th		
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE		
a. Federal \$		2,000,000	THIS PRE	EAPPLICATION	N/APPLICATION WAS MADE		
b. Applicant	CEIVED	. 00		S FOR REVIE			
c. State \$	APR 2 2004		DATE:	3/29/	04		
d. Local		.00	b. No. 🗍 PROGRA	M IS NOT COV	'ERED BY E. O. 12372		
e. Other	E CLEARING HOUS	SE .00	OR PROC		T BEEN SELECTED BY STATE		
f. Program Income		.00			NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		2,000,000	Yes If "Yes" attach	an evolunation	ı. 🗷 No		
18. TO THE BEST OF MY KNOW	WI FOGE AND BELIEF						
OCUMENT HAS BEEN DULY A	AUTHORIZED BY THE (	GOVERNING BODY OF	THE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE		
a. Authorized Representative							
Prefix Mr.	First Name Gilbert		Middle	Name			
_ast Name Alaniz			Suffix	**************************************			
. Title	: Utility District	<u> </u>	c. Telep	phone Number	,		
Signature of Authorized Repres	entative //	00.	e. Date	Signed 3/2	9/04 (661) 845-1213		
and the second s	X JUKALOW U	MARA		.5/6	7/07		

Slandard Form
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